

Employee Name: _____

Employee ID # _____ **Division/Department:** _____

Article 17.3 Evaluation Pay

Regular unit members may be required to participate as peer evaluators for up to four (4) times per year as part of their normal duties. Each evening and off-campus evaluation shall count as two (2) of the four (4) evaluations. *Additional* evaluations shall be paid at the rate of one (1) hour for on-campus day evaluations and two (2) hours for off-campus and evening evaluations on the appropriate Hourly Certificated Schedule. Travel pay for off-campus evaluations shall be paid at the rate established in Article 21.

Instructions: Please complete the form indicating each peer evaluation you completed during the academic year. The form must be reviewed and signed by your Dean prior to submitting to Human Resources. It is the responsibility of the faculty member to submit any reimbursement for travel expenses according to Article 21.

1. **Name of Faculty Member evaluated:** _____ **Date:** _____

Evaluation Type:

Evaluation Time:

- FT Tenured Faculty Day Evening On-Campus Off-Campus/Location _____
- FT Tenure Track Faculty
- Adjunct Faculty Course # _____ Section _____

2. **Name of Faculty Member evaluated:** _____ **Date:** _____

Evaluation Type:

Evaluation Time:

- FT Tenured Faculty Day Evening On-Campus Off-Campus/Location _____
- FT Tenure Track Faculty
- Adjunct Faculty Course # _____ Section _____

3. **Name of Faculty Member evaluated:** _____ **Date:** _____

Evaluation Type:

Evaluation Time:

- FT Tenured Faculty Day Evening On-Campus Off-Campus/Location _____
- FT Tenure Track Faculty
- Adjunct Faculty Course # _____ Section _____

4. **Name of Faculty Member evaluated:** _____ **Date:** _____

Evaluation Type:

Evaluation Time:

- FT Tenured Faculty Day Evening On-Campus Off-Campus/Location _____
- FT Tenure Track Faculty
- Adjunct Faculty Course # _____ Section _____

5. **Name of Faculty Member evaluated:** _____ **Date:** _____

Evaluation Type:

Evaluation Time:

FT Tenured Faculty Day Evening On-Campus Off-Campus/Location _____

FT Tenure Track Faculty

Adjunct Faculty Course # _____ Section _____

6. **Name of Faculty Member evaluated:** _____ **Date:** _____

Evaluation Type:

Evaluation Time:

FT Tenured Faculty Day Evening On-Campus Off-Campus/Location _____

FT Tenure Track Faculty

Adjunct Faculty Course # _____ Section _____

7. **Name of Faculty Member evaluated:** _____ **Date:** _____

Evaluation Type:

Evaluation Time:

FT Tenured Faculty Day Evening On-Campus Off-Campus/Location _____

FT Tenure Track Faculty

Adjunct Faculty Course # _____ Section _____

8. **Name of Faculty Member evaluated:** _____ **Date:** _____

Evaluation Type:

Evaluation Time:

FT Tenured Faculty Day Evening On-Campus Off-Campus/Location _____

FT Tenure Track Faculty

Adjunct Faculty Course # _____ Section _____

Faculty Member Signature

Date

Authorized Dean's Name & Signature

Date

*** Route to Human Resources**

Copy ee file Payroll Hourly Rate \$ _____ # of Hours _____ HR Approval Date _____

HR Approval Signature _____