



FACULTY EVALUATION STIPEND

NAME: _____

SS# or Employee ID# _____ Location: _____

Article 20.4.1: Each semester, faculty members shall be compensated for all but one of the completed evaluations. Please indicate how this requirement was satisfied.

Name of Faculty member evaluated: _____

Date evaluation was completed: _____

Having completed one free evaluation this semester, I wish to be compensated for evaluating:

Faculty Member: _____

Date evaluation was completed: _____

Please submit one form for each evaluation; maximum of four paid evaluations per **academic year**. Please check the appropriate box:

- Probationary Evaluation \$ 520.00
- *Chair, Probationary Evaluation \$ 624.00
- Peer Evaluation \$ 414.00
- *Chair, Peer Evaluation \$ 520.00
- Part-time Evaluation \$ 312.00
- *Chair, Part-time Evaluation \$ 390.00

**applies to committees of more than one evaluator*

Faculty Member Signature

Date

Authorized Dean Name & Signature

Division Date

Complete and send one form **per evaluation** to: **Faculty Stipends, Human Resources, District Office**

HR Specialist
GL# 11-94-101020-679912-51410 (Funding: M10G)
Form 7121 (Rev 9/00, 12/06, 4/09, 7/13, 10/15, 01/20, 2/21, 7/22, 01/23, 07/23, 01/25)

Date