

**PERIODIC EVALUATION OF TEMPORARY FACULTY FORM**

NAME \_\_\_\_\_ ACADEMIC YEAR \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ DATE \_\_\_\_\_

Insert Time Base (e.g., .80, .533, .267):      SP (prior year) \_\_\_\_\_ F \_\_\_\_\_

1. Department Peer Committee Review.  
 (If peer feedback is not required, insert N/A/ below. Note: Full-time lecturer faculty, faculty in the 3rd year of a three year appointment, and certain, long-serving, 1-year faculty must have a peer committee review).

\*2. Department Chair's evaluation, including nature of evidence evaluated

3 Recommendation for future hiring:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
_____ (Print Name of Department Chair)	_____ (Signature of Department Chair)	_____ Date
Copy to Faculty Member (Upon completion)	By: _____	_____
		Date
Forwarded to Dean's Office (After 10 days)	By: _____	_____
		Date
4 Recommendation for future hiring:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Comments (if appropriate):  _____ _____		
_____ (Signature of College Dean or Associate Dean)	_____ Date	
Copy to Faculty Member (Upon completion)	By: _____	_____
		Date
Forwarded to Provost's Office (After 10 days)	By: _____	_____
		Date

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 \* Evaluations of part-time temporary faculty unit employees appointed for three or more quarters, regardless of a break in service, shall include a review of student evaluations, an evaluation by the chair, and an evaluation by the appropriate administrators.

Evaluations of temporary faculty appointed for two quarters or less are at the discretion of the department chair, the appropriate administrator, or the department or equivalent unit. The employee may request that an evaluation be performed.

xc:      Original to Personnel Action File  
          Department File  
          Faculty Member