|  |  |  |
| --- | --- | --- |
| Evaluatee: | Date of hire: | Evaluation Sem/Year: |

**Check Faculty Status**:  Tenured Full-time Faculty   Probationary (Tenure Track) Faculty  Part-time Faculty

Check here if the Part-time Faculty Member currently has Staffing Preference (prior to this evaluation):

Does this evaluation qualify evaluatee, if otherwise eligible, to earn or maintain Staffing Preference?  Yes  No

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | **Summary of previous evaluation (available in Division Office), if applicable:** | |  | | **Summary of student evaluations**—**attach summary of scores and typed comments (provided by Division Office):** | |  | | **Summary of classroom/workplace observations—attach observation forms and comments:** | |  |  |  | | --- | | **Summary of self-evaluation—attach self evaluation report:** | |  | | **Criteria-related input from dept. chair and/or dean:** | |  | | **Evaluatee comments—attach a separate sheet if necessary:** | |  | |
| **Level of Performance (Check one) – To be completed by Chair of Evaluation Committee**  **Consistently High Ratings—**Excellent overall performance.    **Satisfactory Performance—**Acceptable overall performance.  **Needs Improvement—**Low scores in some areas necessitate an improvement plan. Evaluatee will be evaluated again next semester (if still employed by CCCCD).    **Unsatisfactory Performance—**Unacceptable overall performance. |

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| |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of Evaluatee – (signature indicates receipt but not necessarily agreement)** | **Date** | |
|  |
| **Signature of Evaluation Committee Members: (size of committee is determined by faculty status)**   |  |  |  | | --- | --- | --- | | **Chair/Evaluator (print name)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(signature) Date** | **Date** | | **Committee Member (print name)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(signature) Date** | **Date** | | **Committee Member (print name)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(signature) Date** | **Date** | |
| **This box only applies to probationary faculty.**  **Recommendation (To be completed by Chair of Evaluation Committee)**  **Grant Tenure  Continue in Probationary Status  Termination of Service**  **Resolution (To be completed by college president)**  **Grant Tenure  Continue in Probationary Status  Termination of Service**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | **President:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Chancellor:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**APPLICATION FOR PREFERENTIAL STAFFING STATUS**

## To be completed by applicant

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester and year of hire in department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applications must be submitted to the college HR office by the end of the second full week of classes for consideration in scheduling for the next semester.**

**If you are applying for preferential staffing status in more than one department, you must submit a separate application for each department.**

**If you already have preferential staffing status based on a previous evaluation, it is not necessary to reapply. Your new evaluation will be reviewed to determine eligibility to maintain preferential staffing status.**

## To be completed by Department Review Team

Date of most recent evaluation (from Division or HR Office):

Summary rating:

Meets evaluation criteria for preferential staffing status: Yes No

Disqualifying condition(s) for preferential staffing status: Yes No

Disqualifying condition(s) identified:

Override of disqualifying condition(s) due to extenuating circumstances: Yes No

Preferential staffing status granted or maintained Date:

Preferential staffing status denied or not maintained Date:

# Department Review Team:

Department Chair: \_

Signature

Division Dean:

Signature

Evaluator (if applicable):

Signature

## Return completed original form to the college HR office. Copies to applicant and Division Office.