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| 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

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| **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:** |
|   |

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| --- |
| **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:** |
|   |

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| **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 Evaluation Committee Members: (size of committee is determined by faculty status)**

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|   **Chair/Evaluator (print name)**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(signature) Date** |  **Date** |
|   **Committee Member (print name)**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(signature) Date** |  **Date** |
|   **Committee Member (print name)**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(signature) Date** |  **Date** |

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| **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**

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| **President:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Chancellor:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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**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.