

**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:

- | | |
|----------------------------------------------------------|-----------|
| <input type="checkbox"/> Probationary Evaluation | \$ 520.00 |
| <input type="checkbox"/> *Chair, Probationary Evaluation | \$ 624.00 |
| <input type="checkbox"/> Peer Evaluation | \$ 414.00 |
| <input type="checkbox"/> *Chair, Peer Evaluation | \$ 520.00 |
| <input type="checkbox"/> Part-time Evaluation | \$ 312.00 |
| <input type="checkbox"/> *Chair, Part-time Evaluation | \$ 390.00 |

**applies to committees of more than one evaluator*_____
Faculty Member Signature_____
Date_____
Authorized Dean Name & Signature_____
Division_____
DateComplete and send one form **per evaluation** to: **Faculty Stipends, Human Resources, District Office**_____
HR Specialist_____
Date

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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)