

APPENDIX B



PART-TIME FACULTY EVALUATION

Distribution: Original to Human Resources - Copy to Employee - Copy to Department
 PLEASE PRINT OR USE FILLABLE FORMAT

Evaluation Period: _____
 Semester / Academic Year

Evaluatee: _____ Employee I.D. # _____ Department: _____

This hourly academic employee was evaluated in accordance with the provisions of the CHI Master Agreement and determined to be _____ e:

Satisfactory Needs Improvement Unsatisfactory

Comments:

6 L J Q D W X D X D W R U	3 U L Q 1 D R G	' D W H
6 L J Q D W X H Y L H Z H U	3 U L Q 1 D R G	' D W H
6 L J Q D W X W H B D Q	3 U L Q 1 D R G	' D W H

This report has been discussed with me. Signing this form does not necessarily mean that I agree with this performance rating.

6 L J Q D W X F S D R \ H H	3 U L Q W H G	
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Evaluatee: _____

Department: _____

Evaluation Period: _____

PART-TIME FACULTY EVALUATION

assinTw 0.783 0 Td()TjEMC /P 265.5w 9.96 5 Td(as)-8 (s)-86.340 Tch.3 5 3assr

Professional Competence	Satisfactory	Needs Improvement	Unsatisfactory	N/A
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1. Demonstrates professional knowledge in their field of preparation/instruction during the performance of assigned duties and presents information clearly and effectively.

Evaluee: _____

Department: _____

Evaluation Period: _____

Professional Responsibilities

Evaluee: _____

Department: _____

Evaluation Period: _____