

**Appendix J.3**  
**Notification of Evaluation**  
**Contract, Temporary Contract, Categorical, and Regular Faculty**

To: \_\_\_\_\_ Date: \_\_\_\_\_

From: \_\_\_\_\_  
Division Administrator

Pursuant to the collective bargaining agreement between the District and CCFT, faculty are evaluated according to the following schedule, except as provided in 17.4.11, 17.4.12 and 17.6:

\_\_\_\_\_ *Contract (probationary, tenure track) faculty*: semesters 1, 2, 4, 6, and 7

\_\_\_\_\_ *Temporary contract faculty, one semester contract*: semester 1

\_\_\_\_\_ *Temporary contract faculty, two semester contract*: semester 2

\_\_\_\_\_ *Categorically funded (non-tenure track) faculty*: semester 1 and 3, then every three years

\_\_\_\_\_ *Regular (tenured) faculty*: every three years

You are due for an evaluation this semester.

Your evaluation team will consist of:

\_\_\_\_\_ *Contract probationary (tenure track) faculty*: your administrator, plus one peer selected by you. In semesters 1, 2, and 7, an additional peer will be selected by the administrator from your list below.

\_\_\_\_\_ *Temporary contract faculty*: One peer selected by the administrator from your list below. You may choose a second observer. If you are a new employee, you will be observed by your administrator. If you have been evaluated previously, your administrator may choose to do an observation.

\_\_\_\_\_ *Categorically funded (non-tenure track) faculty*: One peer selected by the administrator from your list below. You may choose a second observer. In semester 1, you will be observed by your administrator. In subsequent observations, your administrator may choose to do an observation.

\_\_\_\_\_ *Regular (tenured) faculty*: one peer selected by you. You or your administrator may request an additional peer, selected by the administrator from your list below. The administrator may choose to do an observation.

Whenever possible, the team shall consist of at least one person within the discipline or field of the evaluatee. If the evaluatee teaches a distance education class, whenever possible, one of the team members shall have experience teaching distance education courses.

Please provide the following information and return this form to me no later than \_\_\_\_\_, so that the evaluation may proceed in a timely manner. If you have any questions concerning the evaluation process, please refer to Article 17-Evaluation, of the CCFT collective bargaining agreement.

Regular and contract faculty: Please indicate your faculty selection for the evaluation team:

\_\_\_\_\_

Name

All faculty: If you have the option of selecting an additional team faculty member, please indicate your choice:

\_\_\_\_\_ OR \_\_\_\_\_ No optional team member requested.

Name

All faculty: Please list three additional faculty members from which your administrator could select a team member:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Acknowledgement

I acknowledge that I have received a Notification of Evaluation, and I understand that I will be evaluated during the semester.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_