

## APPENDIX J.4

### Notification of Evaluation Associate Faculty

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

From: \_\_\_\_\_

Division Administrator

Pursuant to the collective bargaining agreement between the District and CCFT, associate faculty are evaluated during the first, third, and seventh semesters worked, and then every six semesters except as provided in 17.4.11, 17.4.12 and 17.6. You are due for an evaluation this semester.

If you have any questions concerning the evaluation process, please refer to Article 17 - Evaluation, of the CCFT collective bargaining agreement.

Please acknowledge that you have received this Notice of Evaluation by signing where indicated below and returning a copy of this form to me by \_\_\_\_\_.

By the end of the fifth week, your Dean will provide you with the name of the evaluator. You then have the option to return the form to the Dean with a request for a second evaluator (See Article 17.4).

#### Acknowledgement

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

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

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