# Office of Faculty Affairs

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# Temporary Faculty Evaluation Form

**Dean’s Evaluation for 3-Year Appointment**

NAME ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEPARTMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Select one:

 Initial 3-year Entitlement Evaluation (Articles 15.20(d) and 15.28 of the Unit 3 Collective Bargaining Agreement (CBA)

 Subsequent 3-year Entitlement Evaluation (Articles 15.20(d) and 15.28 of the CBA)

Period Covered by Evaluation

**DEAN/DIRECTOR EVALUATION**

*Evaluation by the Dean is required for cumulative reviews for an initial or subsequent 3-year appointment.*

**For three-year appointment evaluations only:** a three-year appointment shall be issued if the temporary faculty unit employee is determined by the Dean/Director to have performed in a satisfactory manner in carrying out the duties of their position during the entire qualifying period. (Policy #1336)

Dean’s Decision:

Satisfactory Issue 3-year Entitlement

 – see reasons above for determination Do not issue 3-year

(Dean/Director’s Statement) Entitlement

Dean’s Name Signature Date

I have read and received a copy of this evaluation and understand that it will be placed in my Personnel Action File. I understand that I have ten (10) calendar days from the date below to submit a response or rebuttal statement to the Dean or Director.

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Lecturer’s Name Signature Date