Part-Time Academic Employee Evaluation Information Sheet
(To be placed in Evaluative File with Academic Employee Transmittal Form)

Name: _____ Date: _____

Home Address: _____ Home Phone: _____

Campus Address: _____ Campus Phone: _____

Date of Current Appointment _____

Type: Term ____ Temp _____ Continuing _____ Casual _____ (if casual, stop here)

Assignment: **Fall 2007**_____
(list courses, enclose appointment letters) **Spring 2008** _____

Date of First Appointment to College _____
(contact Human Resource Services Office)

Primary Administrative Unit _____

Other Administrative Unit _____

To be completed by reviewers **in addition to completing the Transmittal Form**. This is to certify that I/we have reviewed evidence in the Review File submitted by _____

Appropriate for reappointment:
1. If this box is checked, reviewer(s) must attach brief explanation based on evidence in the Review File.

☐ **Chair/Dtr**_____ ☐ **PRG Chair** _____
(full PRG must sign Transmittal Form)

☐ **Dean**_____ ☐ **Provost** _____

Appropriate for reappointment with deficiencies:
2. If this box is checked, reviewer(s) must attach (1) an explanation with reference criteria set forth in Article IV. 1-6 of the Performance Review Agreement, and (2) reasonable and constructive suggestions that will help employee successfully meet Performance Review criteria.

☐ **Chair/Dtr**_____ ☐ **PRG Chair** _____
(full PRG must sign Transmittal Form)

☐ **Dean** _____ ☐ **Provost** _____

Inappropriate for reappointment:
3. If this box is checked, reviewer(s) must attach an explanation with reference to criteria set forth in Article IV. 1-6 of the Performance Review Agreement.

☐ **Chair/Dtr** _____ ☐ **PRG Chair** _____
(full PRG must sign Transmittal Form)

☐ **Dean**_____ ☐ **Provost** _____