

SANTA MONICA COMMUNITY COLLEGE DISTRICT - OFFICE OF HUMAN RESOURCES
COMMITTEE/DEPARTMENT CHAIR EVALUATION REPORT FOR ACADEMIC PERSONNEL

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|-------|-------------|
| NAME: | DEPARTMENT: |
|-------|-------------|

PROBATIONARY FACULTY

| 1st Year | | 2nd Year | | 3rd & 4th Year | |
|----------|--|------------------|--|--------------------------|--|
| | Not Enter Into A Contract For The Following Academic Year | | Not Enter Into A Contract For The Following Academic Year | | Not Employ The Probationary Employee As A Tenured Employee |
| | Enter Into A Contract For The Following Academic Year | | Enter Into A Contract For The Following Academic Year | | Employ The Probationary Employee As A Tenured Employee For All Subsequent Academic Years |
| | Employ The Contract Employee As A Regular Employee For All Subsequent Academic Years | | Employ The Contract Employee As A Regular Employee For All Subsequent Academic Years | Panel Composition Option | |
| | | Panel Evaluation | | | |
| | | Sole Evaluator | | | |

| Signature | Date | Signature | Date | Signature | Date |
|--------------------------------------|------|--------------------------------------|------|--------------------------------------|------|
| Dept. Peer(s): | | Dept. Peer(s): | | Sole Evaluator: | |
| Non-Dept. Peer(s): | | Non-Dept. Peer(s): | | Panel Members: | |
| Dept. Chair: | | Dept. Chair: | | | |
| Administrator: | | Administrator: | | | |
| Evaluatee: | | Evaluatee: | | | |
| Senior Administrator (if necessary): | | Senior Administrator (if necessary): | | Senior Administrator (if necessary): | |

A.R. 4115a

Ed. Code 87608-87610

Faculty member's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received. Within 10 working days of receipt of this evaluation report, the faculty member may also submit a written statement to the Office of Human Resources to be filed with this report.

White – Personnel

Yellow - Department

Pink – Evaluatee