

Request for Faculty Evaluation Stipend

Semester: _____ **Year:** _____

In order to receive a \$120 stipend for part time instructor (three maximum evaluations per semester) and \$120 stipend (for all evaluations over three during any academic year by a tenured contract faculty shall be paid a stipend) Evaluations must be completed, required paperwork with signatures submitted to faculty evaluation coordinator, Inga Marciulionis. imarciulionis@peralta.edu

Evaluator Name: _____

Employee ID: _____

Evaluee Name: _____

Discipline: _____

Date Submitted: _____

Faculty Evaluation Coordinator signature: ___Inga Marciulionis
