

Request for Faculty Evaluation Stipend

Semester: _____ Year: _____

In order to receive a \$120 stipend for part time instructor (three maximum evaluations per semester) and \$100 stipend (three minimum evaluations per semester) for full time instructor. 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: _____

Revised 4/21/20