# CalStateLAlogo_hero_horizontal_4color

# **COLLEGE OF** Click here to enter text.

# **PERSONNEL REPORT FORM FOR TEMPORARY FACULTY**

# **2019-2020**

**Name** Click here to enter text.

Last Name, First Name

**Overall Evaluation:**

## 

Satisfactory

Unsatisfactory

**Department Recommendation for Renewal of Three-Year Appointment Only:**

## 

Renew three-year appointment

Do not renew three-year appointment

**If the recommendation is to not renew three year appointment, please state the reason below.**

Click here to enter text.

**EVALUATION OF EDUCATIONAL PERFORMANCE**

**Teaching Performance**

Click here to enter text.

**Currency in the Field**

Click here to enter text.

**PEER EVALUATION COMMITTEE**

Committee Chairperson

### FACULTY SIGNATURE

I have read this evaluation of my overall performance.

Faculty Member Date

## I have received a copy of this evaluation. I am aware that I have ten days to submit a

rebuttal to the committee chair and/or request a meeting.

I request a meeting.

My response is appended.

### DEPARTMENT CHAIRPERSON

## 

## I concur with the recommendation and evaluation.

I concur, with additional comments attached.

I do not concur with the above recommendation and/or evaluation. (Please attach a

separate recommendation and/or evaluation.)

Department Chair Date

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### DEAN OF COLLEGE OF Click here to enter text.

## 

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I concur, with additional comments attached.

I do not concur with the above recommendation and/or evaluation. (Please

attach a separate recommendation and/or evaluation.)

Dean of Click here to enter text. Date

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