

PROBATIONARY FACULTY EVALUATION REPORT FORM

Employee Name _____ Hire Date _____

COMMITTEE RECOMMENDATION*: *We have prepared the attached evaluation and agree with its contents. Therefore, our recommendation is that the above-named employee:*

- should be continued on probation for the period beginning _____ and ending _____.
- should be continued on probation conditionally; needs Individual Improvement Plan (*must be attached*).
- should be given a continuing contract upon completion of the probationary period on _____.
- should not continue to be employed.

Committee Member

Date

Committee Member

Date

Committee Member

Date

Dean/Supervisor

Date

VICE PRESIDENT: *I have met with the above-named employee and have determined that he/she:*

- should be continued on probation for the period beginning _____ and ending _____.
- should be continued on probation conditionally; needs Individual Improvement Plan (*must be attached*).
- should be given a continuing contract upon completion of the probationary period on _____.
- should not continue to be employed.

Vice President

Date

EMPLOYEE: *I have read the evaluation report and understand that I have the right to respond in writing as provided in Article X, Section Q(4) of the Faculty Bargaining Agreement:*

Employee

Date

**In the event that all committee members do not agree on the recommendation, separate forms should be completed for each opinion.*