



YUBA COMMUNITY COLLEGE DISTRICT
Adjunct Evaluation Agreement and Timesheet

MEMORANDUM

TO: Vice President/President and Human Resources

RE: Adjunct Faculty Evaluation Agreement

I, _____ Colleague ID: _____

agree to evaluate _____, an adjunct instructor

_____ for a \$100 dollar stipend or _____ for six (6) hours of flex credit

during the Fall/Spring semester, 20 _____.

I understand and agree that to be compensated as outlined above, I must complete the Adjunct Faculty Evaluation as prescribed in the "Agreement Between Yuba Community College District and Yuba College - American Federation of Teachers" Article 11, including all complying with all timelines and utilizing all forms as prescribed in the article.

Full-time Professor Signature _____ Date _____

Dean or Director Signature _____ Date _____

Evaluation completed on: _____

Dean Signature _____ Date _____

Please forward Agreement and completed Evaluation to the Vice President at YCC or President at WCC after evaluation process has been completed to obtain Vice President or President signature. Send complete form to HR for payment/file.

Vice President or President _____ Date _____

Evaluation Timeline

Fall Semester

Begin Semester based on Academic Calendar:
Approximately August 20

Dean or Director Schedules "peer evaluator":
On or before October 1

Peer Evaluator schedules and performs classroom evaluation:
On or before November 15

Peer Evaluator completes evaluation and meets with unit member and submits to supervising Dean or Director:
On or before November 30

Supervising Dean completes evaluation of unit member, including meeting and reviewing evaluation, if requested by either party:
On or before December 15

GL Account: IN 11.990.1.10.660000.1410 Position ID: EVALSTIP Earn Type: EVAL HR: _____

Spring Semester

Approximately January 14

On or before March 1

On or before April 15

On or before April 30

On or before May 15