



**SANTA MONICA COMMUNITY COLLEGE DISTRICT - OFFICE OF HUMAN RESOURCES  
COMMITTEE/DEPARTMENT CHAIR EVALUATION REPORT FOR ACADEMIC PERSONNEL**

NAME:	DEPARTMENT:
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**PROBATIONARY FACULTY**

1st Year		2nd Year		3rd & 4th Year	
	Not Enter Into A Contract For The Following Academic Year		Not Enter Into A Contract For The Following Academic Year		Not Employ The Probationary Employee As A Tenured Employee
	Enter Into A Contract For The Following Academic Year		Enter Into A Contract For The Following Academic Year		Employ The Probationary Employee As A Tenured Employee For All Subsequent Academic Years
	Employ The Contract Employee As A Regular Employee For All Subsequent Academic Years		Employ The Contract Employee As A Regular Employee For All Subsequent Academic Years	<b>Panel Composition Option</b>	
				Panel Evaluation	
				Sole Evaluator	

Signature	Date	Signature	Date	Signature	Date
Dept. Peer(s):		Dept. Peer(s):		Sole Evaluator:	
Non-Dept. Peer(s):		Non-Dept. Peer(s):		Panel Members:	
Dept. Chair:		Dept. Chair:			
Administrator:		Administrator:			
Evaluatee:		Evaluatee:		Evaluatee:	
Senior Administrator (if necessary):		Senior Administrator (if necessary):		Senior Administrator (if necessary):	

A.R. 4115a


Ed. Code 87608-87610

Faculty member's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received. Within 10 working days of receipt of this evaluation report, the faculty member may also submit a written statement to the Office of Human Resources to be filed with this report.

White – Personnel

Yellow - Department

Pink – Evaluatee

  
 11/26/08