

North Central State College
Faculty Evaluation of Adjunct Faculty Form
 (Full-Time Faculty Observation of Adjunct Faculty)

Division: _____ Dept. _____

Faculty Name: _____

Adjunct Faculty Member Observed: _____

Activity	Date	Time Period: (ex. 1 – 2:15 p.m.)
Pre-Observation Meeting		
Classroom Observation		
Post-Observation Meeting		

Rate of Pay: \$18.00/hr
Acct. #: (FT Faculty Department #)
(For Accounting Use Only) Total Amount: \$72.00 (per MOU# 2010-04 compensation shall be 4 hrs @ ½ the top adjunct rate)

Dean/Supervisor: _____

Date

V. P. of Academic Learning: _____

Date