Date: <<Insert Date>>

To: <<Contract Faculty Member>>

From: <<Academic Administrator’s Name & Title>>

Subject: Faculty Evaluation Committee - **Tenure Track (2 – 4th Year)**

You are scheduled to be evaluated during the Fall <<Year>> semester, a process that should be completed by the end of the Fall semester.

Your standing committee formed last year will continue (no changes are allowed unless a member is no longer with the district due to retirement, resignation, change of department chair or move to administration).

**If this is the case, the following faculty member(s) have been chosen as a replacement:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in place of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Member (previous faculty member)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in place of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Member (previous faculty member)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in place of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Member (previous faculty member)**

Section I: The <<Academic Administrator’s Name & Title>> will serve as the chairperson of your committee.

Section II: A meeting will be called in the first **six weeks** of the semester to begin the formal review process.

A complete description of the evaluation procedure can be found in Article XI, D, 1, a-i, of the agreement between the District and the bargaining unit.

Should you have any questions about this procedure, please do not hesitate to contact me at <<Dean’s Office Telephone number>>, or e-mail me at <<Dean’s Office Email address>>.

Thank you for being the best part of RCCD!