

County College of Morris

ADJUNCT EVALUATION REPORT

ADJUNCT INSTRUCTOR'S NAME:

DATE:

DEPT. CHAIRPERSON:

DEPARTMENT:

COURSES TAUGHT:

EVALUATION SUMMARY (Refers to CCM-UAFNJ Contract Article VI – C)

DUTIES: All duties satisfactorily fulfilled as listed in CCM-UAFNJ Contract Article VII-G, 1-13 and I

If DUTIES box is not checked ✓ please specify by number or letter any duty or duties as listed in CCM-UAFNJ Contract Article VII-G, 1-13 and I that have not been satisfactorily completed. Also provide a written explanation in the space below or on an attached sheet if more space is required.

- Certificate of completion of CCM Policy Prohibiting Sexual Harassment *Attached*
 - Certificate of completion of Discrimination Awareness in the Workplace *Attached*
 - Certificate of completion of Policy Against Discrimination *Attached*
 - Certificate of completion of Sexual Harassment: Staff-to-Staff *Attached*
 - Certificate of completion of CCM Code of Ethics Policy *Attached*
 - Certificate of completion of CCM Employee Code of Conduct *Attached*
 - Student Evaluations of Teaching Effectiveness *Attached*
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ADJUNCT RESPONSE:

ADJUNCT SIGNATURE:

DATE:

RECEIVED BY:

DATE:
