**(To ECE Certificated Staff members)**

Date: <<Insert Date>>

To: <<Contract ECE Certificated Staff Member>>

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

Subject: ECE Certificated Staff Evaluation Committee:

□ **First Year ECE Certificated Staff**

□ **Second Year** □ **Third Year** □ **Fourth Year** □ **Six or more Years**

You are scheduled to be evaluated during the Fall/Spring <<Year>> semester, a process that should be completed by <<Date>>. Your committee shall **consist of**:

1. Dean of Instruction
2. Department Chair or Designee chosen from either lab staff or full-time faculty members
3. ECE Certificated Staff member will choose (1) full time tenured faculty member from any campus or discipline

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

Section II: As soon as the committee composition has been finalized, a meeting will be convened to begin the formal review process.

A complete description of the evaluation procedure can be found in Article XI, and Article XX, F. 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 << Academic Administrator’s Telephone number>>, or e-mail me at << Academic Administrator’s Email address>>.