**SLO Assessment Compensation Form for Part-Time Faculty ONLY**

One form for each course

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Click or tap here to enter text. | **G#:** | Click or tap here to enter text. |
| **Department:** | Click or tap here to enter text. |  |  |
| **Course Number:** | Click or tap here to enter text. |  |  |
| **Course Title:** | Click or tap here to enter text. |

[ ]  SLO Assessment (for part-time faculty ONLY)

Summarize the finding and how the data will be used:

|  |
| --- |
| Click or tap here to enter text. |

[ ]  I acknowledge article 26.1.2 Q of the GCFA Collective Bargaining Agreement dated July 1, 2017-June 30, 2020.

Part-time faculty who teach a course that is not taught by a full-time faculty will be eligible for compensation to work on SLO assessments. The course selection and the selection of the particular part-time faculty member will be at the discretion of the Vice President of Academic Affairs.

The compensation will be a one-time, non-precedent setting payment of $300.00 per course. In order to be reimbursed, an instructor will conduct the assessment, summarize the data, reflect the data, and lay out any suggested pedagogical or curricular modifications on the institutional research database. This work will be reported on the SLO assessment webpage.

The mechanism for compensation will be a curriculum development reimbursement. After conducting the assessment and posting the results and reflection, the instructor will be reimbursed for his/her work once approved and certified by the Vice President of Academic Affairs.

[ ]  I have verified that the outcomes in CurriCunet have been updated and match the outcomes in the SLO report site.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair Verified Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean Approved Signature Date