

NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT
ADJUNCT FACULTY ADMINISTRATIVE EVALUATION

EMPLOYEE ADDRESS

Complete this form and return it to your Immediate Management Supervisor within fourteen (14) calendar days of the date of notice indicated on the *EMPLOYEE NOTICE OF EVALUATION AND INSTRUCTIONS* form. It is important that you complete and return this form so that your completed Performance Evaluation form can be mailed to you for review and response.

Employee Name (please print): _____

Mailing Address _____

City _____ Zip Code _____

Employee Signature: _____

Date: _____