**FORM A(a). Faculty Annual Evaluation Agreement**

**Evaluation Period : June 1, to May 31, .**

Faculty member's name:

Department:

For each role, indicate the agreed value to be assigned based on the assigned teaching and instructional duties as well as the expected and planned activities in each role. **The assigned values must total 100% overall.**

I. TEACHING (50 - 80%) %

 List several goals or planned activities

II. PROFESSIONAL ACTIVITIES (10-40%) %

List several goals or planned activities

III. SERVICE (10%-40%) %

 List several goals or planned activities

Faculty member's signature: Date:

Department head's signature: Date: