

Tenured Faculty Evaluation Waiver

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|-----------------|---------------------------------|------------------------|----------------------|-----------|
| <i>Name</i> | <i>ID (Not Soc Sec Num)</i> | <i>Position Number</i> | <i>HR Processed</i> | |
| | | | <i>Date</i> | <i>By</i> |
| <i>Location</i> | <i>Administrative Evaluator</i> | | <i>Academic Year</i> | |

In accordance with Article 9, of the Agreement Between the Hillsborough Community College, District Board of Trustees and the Faculty United Service Association, by mutual consent of the administrative supervisor and the tenured faculty member, the formal evaluation for the academic year, above, is hereby waived. The evaluation is considered satisfactory.

Remarks

Waiver Consent

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|--|-------------|---------------------------------|-------------|
| <i>Administrative Supervisor Signature</i> | <i>Date</i> | <i>Faculty Member Signature</i> | <i>Date</i> |
|--|-------------|---------------------------------|-------------|

Distribution: Original – Personnel File
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