

## FULL-TIME FACULTY EVALUATION (ADDENDUM) FORM B | BIBLIO/LIBRARY SERVICES FACULTY

All PC and Mac users please note: This form must be opened using Adobe Reader; any forms opened/used in "Preview Mode" will not function properly.

LIBRARIAN/FACULTY NAME:		20
SCHOOL/SERVICE AREA:	DEPARTMENT:	
EVALUATOR'S NAME:	TITLE:	
DATE OF VISITATION:		
Comments (continued from):		
Comments (continued from):		

Comments (continued from):  Evaluator's Signature:	Librarian/Faculty Name:	Librarian/Faculty Evaluation <b>Page 2</b> Form B (Addendum)
Evaluator's Signature:Date:	Comments (continued from):	
Evaluator's Signature:		
Evaluator's Signature:Date:	Comments (continued from):	
	Comments (comment nom).	
Faculty Signature:Date:	Evaluator's Signature:	Date:
Faculty Signature:Date:		
	Faculty Signature:	Date: