



**Form PT-5  
Evaluation Exception Form  
Part-Time Faculty**

Employee Name:	Date:
Semester/Year:	

Evaluation committee members or the evaluatee may utilize this form to document additional comments, to record areas of concern or disagreement, or for the evaluatee to request the process be continued. This form will be attached to the evaluation packet.

**COMMENTS**

**REQUESTOR'S SIGNATURE**

<b>The above evaluation represents my best professional judgment:</b>		
Name: _____		
Signature: _____	Date: _____	