

Peer Review Selection Committee

Rio Hondo Community College District
Office of Human Resources

To: _____

Date: _____

Subject: Peer Review for Full-Time Unit Member

Our records indicate you are due for a peer review at this time. The Collective Bargaining Agreement states: *“The unit member to be evaluated shall select a peer review committee consisting of a minimum of two full-time unit members, one of which must be in your same Faculty Service Area. The committee will be mutually agreed upon by the District and the unit member.”*

You must have an approved committee and meet with the members within the first four weeks of the semester. Submit two names to your supervisor for approval. Should she/he not approve, submit two names again (one may be the same). Should your supervisor not approve your second committee, submit two names again (you may resubmit any previous choices). Your supervisor will add a third member. Please return this form prior to the fourth week of the semester.

I am submitting the following unit members for my peer review committee.

1. _____

2. _____

Unit member's signature Date

Supervisor's approval Date

Complete only if your supervisor does not approve your first committee. I am submitting the following unit members for my peer review committee.

1. _____

2. _____

Unit Member's signature Date

Supervisor's approval Date

Complete only if your supervisor has not approved a committee. I am submitting the following unit members for my peer review committee.

1. _____

2. _____

Unit Member's signature Date

Supervisor Date

I have added the following unit member: _____

White copy unit member keeps
Send yellow copy to Human Resources
Send pink copy to President, RHCFA