

NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT  
ADJUNCT FACULTY ADMINISTRATIVE EVALUATION

**EMPLOYEE ADDRESS**

Complete this form and return it to your Immediate Management Supervisor within fourteen (14) calendar days of the date of notice indicated on the *EMPLOYEE NOTICE OF EVALUATION AND INSTRUCTIONS* form. It is important that you complete and return this form so that your completed Performance Evaluation form can be mailed to you for review and response.

Employee Name (please print): \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_