



PROFESSIONAL EMPLOYEE PERFORMANCE EVALUATION

EMPLOYEE NAME: _____

EVALUATION FOR THE PERIOD:

DEPARTMENT: _____

_____ TO _____

BUDGET TITLE: _____

Current Performance Program was signed on ___/___/___ .Amendment to existing program, if appropriate, was signed on ___/___/___ .

CAMPUS TITLE: _____

INITIAL APPT. DATE: _____

APPT. DATE TO TITLE _____

IMMEDIATE SUPERVISOR'S (EVALUATOR) NAME: _____

DEPARTMENT: _____

TITLE: _____

-
-
- I. The following criteria may not be all inclusive and are not intended to limit the supervisor in his/her determination of appropriate criteria for the performance evaluation. Please comment (narrative) on each of the below with specific attention given the job description and performance objectives listed in the official performance program. If different or additional criteria were established in the current performance program, you may attach additional sheets where appropriate.

EFFECTIVENESS IN PERFORMANCE (As demonstrated, for example, by success in carrying out assigned duties and responsibilities, efficiency, productivity and relationship with colleagues.)

MASTERY OF SPECIALIZATION (As demonstrated, for example, by degrees, licenses, honors, awards, and reputation in professional field.)

PROFESSIONAL ABILITY (As demonstrated, for example, by invention or innovation in professional, scientific, administrative, or technical areas; i.e., development or refinement of programs, methods, procedures, or apparatus.)

EFFECTIVENESS IN UNIVERSITY SERVICE (As demonstrated, for example, by such things as successful committee work, participation in local campus and University governance and involvement in campus-or University-related student or community activities.)

CONTINUING GROWTH (As demonstrated, for example, by continuing education, participation in professional organizations, enrollment in training programs, research, improved job performance, and increased duties and responsibilities.)

OTHER (Attitudes, cooperation, dependability, motivation, etc.) Explain below:

II. **SUMMARY OF INFORMATION FROM SECONDARY SOURCES IDENTIFIED IN THE PERFORMANCE PROGRAM.** (In general terms, provide a synopsis of the information.)

III. **ADDITIONAL COMMENTS:** (In this area identify commendable performance and/or areas in need of improvement.)

IV. **SUMMARY:**

A. Overall Performance Rating:

Satisfactory

Unsatisfactory

B. Comments/recommendations to the evaluator's supervisor:

Is this an annual evaluation which is accompanying a recommendation for renewal or non-renewal of an appointment?

Yes

No

If yes, your recommendation is:

Renewal of an appointment

Non-renewal of an appointment

Permanent appointment

Other _____
(Please List)

COMMENTS: _____

NAME/TITLE

DATE

V. I have read and understand this report and have discussed its contents with my supervisor. My signature does not necessarily represent agreement.

EMPLOYEE'S SIGNATURE

DATE

NOTE: A copy of the New Performance Program must be attached.

DISTRIBUTION: Original - Official Personnel File; Copies - Employee, Evaluator, Evaluator's Supervisor