

Professional Employee Performance Evaluation

Employee Name: _____ Incumbent Title: _____

Unit: _____ Campus Title: _____

Evaluation for the Period: _____

Current Performance Program was signed on: _____

Amendment to existing program, if appropriate, was signed on: _____

Campus Appointment Date: _____ Appointment Date to Title: _____

Immediate Supervisor (Evaluator): Name: _____

Title: _____

Unit: _____

The following criteria may not be all inclusive and are not intended to limit the supervisor in determining 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; e.g. 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.):

Please include a summary of information from secondary sources identified in the performance program. In general terms, provide a synopsis of the information.

Additional comments. In this area, identify commendable performance and/or areas in need of improvement.

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

SUMMARY COMMENTS ON PERFORMANCE ONLY (not to include recommendations for salary adjustments and/or promotion):

Supervisor's Signature: _____ Date: _____

Employee Acknowledgement: 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