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**

1. **Overall Performance Rating:**  Satisfactory Unsatisfactory

# 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 1/89 REV. 2/97