

Performance Evaluation

For Period: From: _____ To: _____

Employee Name:

SL Rank:

State Budget Title:

Department:

Campus Title:

Supervisor Name:

Full Time / Part Time: Full-time Part-time

Current Appointment: Temporary Term Permanent

Check one:

Duties remain unchanged for the upcoming year

Duties were revised and a new performance program is attached

In general, has employee's overall performance been satisfactory?

YES NO

Supervisor

Immediate Supervisor Signature _____ Date _____

(Acknowledges that Supervisor involved employee and reviewed results with employee)

Employee

I have reviewed this evaluation with my immediate supervisor. My signature means that I have received and discussed the final evaluation report. If I wish to make additional comments, I will have a written, dated, and signed statement prepared to be appended to this document. I understand that I have a right to a review of this evaluation by the Professional Evaluation Committee if my performance has been characterized as "unsatisfactory". I further understand that, should I desire to invoke this right, I must do so within ten (10) working days of receipt of this report.

Employee Signature _____ Date _____

(Acknowledges only that evaluation was reviewed with employee and not employee agreement)

DISTRIBUTION: 1) Employee 2) Supervisor 3) Vice President 4) Personnel File

Performance Evaluation continued *(completed by Supervisor)*

Effectiveness in Performance

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

Exceptional Highly Effective Effective & Competent Needs Improvement Unsatisfactory
Comments:

Mastery of Specialization

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

Exceptional Highly Effective Effective & Competent Needs Improvement Unsatisfactory
Comments:

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).

Exceptional Highly Effective Effective & Competent Needs Improvement Unsatisfactory
Comments:

Effectiveness in University Service

(As demonstrated, for example, by such things as college and University public service, committee work, and involvement in college or University related student or community activities).

Exceptional Highly Effective Effective & Competent Needs Improvement Unsatisfactory
Comments:

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).

Exceptional Highly Effective Effective & Competent Needs Improvement Unsatisfactory
Comments:

Employee Strengths or Positive Accomplishments:

Employee challenges or areas for development:

General comments about employee performance:

Professional Evaluation

Rating Scale: A—Exceptional B—Highly Effective C—Effective & Competent D—Needs Improvement E—Unsatisfactory

GOALS/OBJECTIVES copied directly from Performance Program	Results Achieved	Rating