

Administrative and Professional Faculty Annual Evaluation

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|--------------------|--|--------------|--|
| Employee Name: | | Position No. | |
| Functional Title: | | | |
| Department: | | | |
| Evaluation Period: | | | |

Each Administrative and Professional faculty member will have a set of performance objectives and performance factors established annually. The objectives and factors will be developed collaboratively by the employee's supervisor and the employee and, in certain instances, will include shared values/ factors or objectives as established by the vice president or president.

Performance objectives will be:

- ! developed annually
- ! 5 - 8 specific goals and/or special assigned projects to be accomplished during the evaluation period
- ! reviewed annually and changed as appropriate

Performance factors will be:

- ! developed annually
- ! skills/behaviors important to the employee's successful performance in his/her job
- ! reviewed annually and changed as appropriate

The completed evaluation form shall be maintained in a confidential file by the employee's supervisor and a copy provided to the employee.

For each Administrative and Professional faculty member, the specific performance objectives must first be reviewed and signed by the evaluator's supervisor, then by the employee's supervisor and the employee. The reviewer's signature is not required if the Vice President is the evaluator.

Signatures:

Reviewer _____ Date _____

Supervisor _____ Date _____

Employee _____ Date _____

Part C. Overall Performance Comments:

Part D. Performance Rating

At the end of the evaluation period, indicate an overall performance rating for the employee based on the performance standards listed below.

Check one:

- Performance is consistently above standards.
- Performance is generally above standards.
- Performance meets standards.
- Performance is slightly below standards.
- Performance is below standards.

Part E. Developmental Action Plan

Indicate recommendations for improvement and professional development.

Part F. Signatures

EVALUATOR:

Name _____ / _____
Print Signature

Date _____

REVIEWER: (not required if the Vice-President is also the evaluator)

Name _____ / _____
Print Signature

Date _____

EMPLOYEE:

I understand that my signature acknowledges that I have reviewed and been given an opportunity to respond to this evaluation.

Name _____ / _____
Print Signature

Date _____

Part G. Employee Response (optional): To be attached