**ADMINISTRATIVE / ATHLETICS / RESEARCH FACULTY**

**PERFORMANCE EVALUATION SUMMARY**

**2018-19**

**Enter appropriate information in the shaded fields. Use “Tab” key to move between fields.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee:** |       | **Job Title:** |       |
| **Supervisor:** |       | **Dept.:** |       |
| **Reviewer:** | **Choose One** | **Review Date:** |       |

**Overall Performance Rating** **(Click in box and choose rating): Choose One**

**PERFORMANCE OBJECTIVES (Primary responsibilities and related performance should be SUMMARIZED.)**

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| --- |
| **1. Objective:**     **Assessment:**      **Rating** *(Click in box and choose rating)***: Choose One** |
| **2. Objective:**      **Assessment:**      **Rating** *(Click in box and choose rating)***: Choose One** |
| **3. Objective:**      **Assessment:**      **Rating** *(Click in box and choose rating)***: Choose One** |
| **4. Objective:**      **Assessment:**      **Rating** *(Click in box and choose rating)***: Choose One** |

|  |
| --- |
| **Leadership:**      **Rating** *(Click in box and choose rating)***: Choose One** |
| **Management - Administration:**      **Rating** *(Click in box and choose rating)***: Choose One** |
| **Communications - Interpersonal Relations (Department staff, Teams, Campus Constituencies, Externals):**      **Rating** *(Click in box and choose rating)***: Choose One** |

**Overall Evaluation Summary:**

|  |
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|       |

**Development Opportunities:**

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|       |

Both the supervisor and the employee must sign the evaluation form in the space provided below after the completion of the performance evaluation meeting.  **The signature of the employee signifies that the meeting was held.**

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**Supervisor Signature date Employee Signature date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewer (President, Provost, Dean, or Vice President) date**