

Professional Evaluation

2018-2019

For Period: From      , 2018 To     , 2019

 DATE DATE

**Employee Name:**

**Rank:** *SL–*

**State Budget Title:**

**Department:**

**Campus Title:**

**Supervisor’s 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 w/ employee, not employee agreement)

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

**PERFORMANCE EVALUATION**

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

|  |  |  |
| --- | --- | --- |
| **GOALS/OBJECTIVES – Copied Directly from the Performance Program** | **Results Achieved**  | **Rating** |
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**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**: