

Professional Evaluation 2021-2022

For Period: From June 1 , 2021 To May 31 , 2022

Employee Name:

SL Rank:

Department:

State Budget Title:

Campus/Local Title:

Supervisor's Name:

Full/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

Supervisor's Name/Signature:

Date:

(Acknowledges that the Supervisor involved the employee and reviewed results with the 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's Name/Signature:

Date:

(Acknowledges only that the evaluation was reviewed with the employee, not employee agreement.)

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

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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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ADDITIONAL PAGE FOR 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:

Performance Evaluation Continued
(completed by Supervisor)

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:

Performance Evaluation Continued
(completed by Supervisor)

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:

Performance Evaluation Continued
(completed by Supervisor)

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:

Performance Evaluation Continued
(completed by Supervisor)

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:

Performance Evaluation Continued
(completed by Supervisor)

Employee strengths or positive accomplishments:

Performance Evaluation Continued
(completed by Supervisor)

Employee challenges or areas for development:

Performance Evaluation Continued
(completed by Supervisor)

General comments about employee performance: