

Professional Evaluation

For Period: From       To

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)

**PERFORMANCE EVALUATION**

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

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| **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**: