

PERSONAL INFORMATION

Last Name:		First Name:		Middle Name:
UMID:	Department Name:	Department ID:	Reason for Evaluation:	
Period Covered in Evaluation Date from:		Period Covered in Evaluation Date to:		Date Evaluation Discussed with Staff Member:

SUMMARY EVALUATION OF PERFORMANCE *(Additional lines provided on following page.)*

Exemplary. The employee considerably and consistently surpasses expectations and goals, and achieves beyond regular assignment in all areas throughout the performance cycle.
The employee is a role model for others and demonstrates mastery of skills and tasks involved.

Successful. The employee is fully competent and efficient in role.
Employee regularly meets and sometimes surpasses expectations and goals.

Developing. The employee is in the learning curve and has not mastered key job responsibilities.
OR
The employee is neither consistently competent nor efficient.

Not Meeting. The employee is not meeting expectations or goals.

Last Name:	First Name:	Middle Name:
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SUMMARY EVALUATION OF PERFORMANCE *(Continued from previous page.)*

EMPLOYEE'S COMMENTS/SUPPORTING STATEMENT

Self-Evaluation: _____ *(Determined by employee)*

SUPERVISOR'S COMMENTS/SUPPORTING STATEMENT

Overall Achievement Level: _____ *(Determined by supervisor)*

Supervisor's Signature:	Date Signed:
Dean, Director or Representative Signature:	Date Signed:
Staff Member's Signature:	Date Signed:

The staff member's signature, which is required, indicates that the staff member has reviewed and discussed the evaluation with the supervisor. It does not necessarily imply agreement with the evaluation.