
CONFIDENTIAL

**UNIVERSITY OF MASSACHUSETTS
AMHERST CAMPUS**

**ANNUAL PERFORMANCE REVIEW
PROFESSIONAL STAFF**

I. ANNUAL REVIEW AND EVALUATION FOR THE PERIOD FROM ____ To ____
(To be completed by Department Head)

NAME ____

EMPLOYEE ID _____

DEPARTMENT ____

OFFICIAL TITLE ____

FUNCTIONAL TITLE ____

DATE APPOINTED TO CURRENT FUNCTIONAL TITLE ____

II. A. JOB DESCRIPTION (To be reviewed by Immediate Supervisor and Staff Member)

A current official job description for this position, properly signed, is attached to this form. Job descriptions should be reviewed annually, and updated as necessary.

B. JOB GOALS AND OBJECTIVES (OPTIONAL)

The goals and objectives worked toward during this evaluation year; these must be compatible with the job description.

III. COMMENTS OF THE STAFF MEMBER

The professional staff member should comment on any accomplishments related to activities performed in order to satisfy the duties listed in the previous year's job description and objectives (if stated), and may provide other comments relative to professional improvement which should be considered in the Annual Performance Review. A separate sheet may be attached. Appropriate topics include, but are not limited to, professional activities, University-related committee service, courses taught or taken, relevant conferences attended, or community service relating to University activities, etc.

IV. EVALUATION COMMENTS OF THE IMMEDIATE SUPERVISOR

The immediate supervisor should comment on the professional staff member’s performance, including fulfilling any previously noted goals and objectives, during the entire evaluation period. Both positive and negative comments may be included. Commendations should be made for any work of special merit, and recommendations for improvement should be noted for any area that may need extra effort.

For each evaluation item the immediate supervisor should place an “X” in the box which best describes the level of performance. To make the evaluation as effective and useful as possible, feel free to use the entire scale, including the “Outstanding” and “Unsatisfactory” categories. (Please note that use of these categories requires explanation below.)

Use the space on the next page to make appropriate comments supporting the Evaluation Profile. Attach additional pages if necessary. In addition, comments should be provided on any relevant aspect of the professional staff member’s performance not covered in the Evaluation Profile below.

ANNUAL PROFESSIONAL EVALUATION PROFILE

Please rate the professional staff member’s performance in each of the following areas:

OUTSTANDING - Consistently surpasses requirements. Reflects clearly exceptional performance.

VERY GOOD - Reflects substantially superior performance in meeting stated expectations; contributes significantly toward success of department.

SATISFACTORY - Fully meets standard performance requirements for this position.

MARGINAL - Performance is below standard position requirements; improvement is expected.

UNSATISFACTORY - Performance shows significant limitation. If the individual is to continue in the position, substantial and prompt improvement is necessary.

NOT APPLICABLE - The factor does not apply to this position.

	OUTSTANDING	VERY GOOD	SATISFACTORY	MARGINAL	UNSATISFACTORY	NOT APPLICABLE
1. ACHIEVEMENT OF GOALS/SATISFACTION OF REQUIREMENTS SET FORTH IN JOB DESCRIPTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. QUALITY OF WORK PERFORMED IN MEETING JOB DESCRIPTION EXPECTATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PERFORMANCE OF SPECIALLY ASSIGNED TASKS IN ADDITION TO THOSE SPECIFIED IN JOB DESCRIPTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. DEPENDABILITY/RELIABILITY (THE STAFF MEMBER COMPLETES ALL COMMITMENTS MADE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. SUPPORTS AFFIRMATIVE ACTION GOALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. WORKING WITH: SUPERVISORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBORDINATES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. WORKING WITH MINIMAL SUPERVISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LENGTH OF TIME THE STAFF MEMBER HAS BEEN SUPERVISED
BY THE IMMEDIATE SUPERVISOR _____

COMMENTS: Recommendations for improved performance *must* be made for all items marked “Marginal” or “Unsatisfactory”; specific explanation *must* be provided for any rating of “Outstanding” or “Unsatisfactory.”

Comments may also be offered on such items as the professional staff member’s sense of responsibility, conscientiousness, resourcefulness, judgement, efficiency, decision making within established policies and procedures, use of knowledge and skills, productivity (where measurable), etc.

OVERALL PERFORMANCE AS A PROFESSIONAL STAFF MEMBER:

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNSATISFACTORY	MARGINAL		SATISFACTORY			VERY GOOD		OUTSTANDING	

CONTRACT RECOMMENDATION:

NON-RENEWAL	ONE-YEAR CONTRACT	MULTI-YEAR CONTRACT IF ELIGIBLE (Insert Years)	STAFF MEMBER HAS MULTI-YEAR CONTRACT (Insert Years Remaining)
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SIGNATURE OF IMMEDIATE SUPERVISOR _____ DATE _____

* SIGNATURE OF PROFESSIONAL STAFF MEMBER _____ DATE _____
 (Staff member must sign before any comment by an Intermediate Authority)

V. GOALS AND OBJECTIVES FOR THE NEXT WORK YEAR (OPTIONAL) provided by the immediate supervisor

VI. EVALUATION COMMENTS OF THE INTERMEDIATE AUTHORITY (IF ANY):

The administrative officer designated as the next level of authority above the immediate supervisor may comment here if knowledgeable regarding the performance of the staff member being evaluated.

SIGNATURE OF INTERMEDIATE AUTHORITY _____ DATE _____

* SIGNATURE OF PROFESSIONAL STAFF MEMBER _____ DATE _____

* The Staff Member's signature(s) indicate(s) only that opportunity has been afforded for the Staff Member to read the above Evaluation Report(s) and to discuss the report(s) with the Immediate Supervisor (and Intermediate Authority, if any). It does not indicate either agreement or disagreement.

Attachments: Job description
 (Other - please list)