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

   NAME ____
   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.

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### ANNUAL PROFESSIONAL EVALUATION PROFILE

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

<table>
<thead>
<tr>
<th>OUTSTANDING</th>
<th>VERY GOOD</th>
<th>SATISFACTORY</th>
<th>MARGINAL</th>
<th>UNSATISFACTORY</th>
<th>NOT APPLICABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACHIEVEMENT OF GOALS/SATISFACTION OF REQUIREMENTS SET FORTH IN JOB DESCRIPTION</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
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<tr>
<td>QUALITY OF WORK PERFORMED IN MEETING JOB DESCRIPTION EXPECTATIONS</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>PERFORMANCE OF SPECIALLY ASSIGNED TASKS IN ADDITION TO THOSE SPECIFIED IN JOB DESCRIPTION</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>DEPENDABILITY/RELIABILITY (THE STAFF MEMBER COMPLETES ALL COMMITMENTS MADE)</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>SUPPORTS AFFIRMATIVE ACTION GOALS</td>
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<tr>
<td>WORKING WITH: SUPERVISORS</td>
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<td>SUBORDINATES</td>
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<td>PEERS</td>
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<td>OTHERS</td>
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<tr>
<td>WORKING WITH MINIMAL SUPERVISION</td>
<td>☐</td>
<td>☐</td>
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</table>

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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:

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<td>6</td>
<td>7</td>
<td>8</td>
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<td>10</td>
</tr>
</tbody>
</table>

- 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)

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)