REPORT OF PERFORMANCE APPRAISAL

Name of Employee: ___________________________  University ID Number: ___________________________

Class Number and Title: ___________________________  Work Unit: ___________________________

Report Period  From: _______  To: _______  Rating for (check one)  __ Trial Service  __ Annual

1  EVALUATION OF WORK PERFORMED: Evaluate employee’s performance during the appraisal period of the duties listed on the position description. Completion of this section is mandatory.

2  BEHAVIORAL FACTORS EVALUATION:

3  EMPLOYEE DEVELOPMENT EXPERIENCES: Evaluate the results of employee development experiences during the appraisal period for increasing effectiveness in present position or for future development.

4  DEFICIENT PERFORMANCE: Describe employee’s failure to overcome performance or conduct during the appraisal period.

Employee  ___________________________  Date  ___________________________  Supervisor  ___________________________  Date

Employee’s signature is required only to indicate that the employee has read the performance appraisal.

Reviewer  ___________________________  Date

Appointing Authority  ___________________________  Date