



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 employees 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