|  |  |
| --- | --- |
| Name | Date |
|  |  |
| Title | Department |
|  |  |
| Review From | Review To |
|  |  |
| Supervisor | Type |
|  | [ ]  6-month [ ]  Annual |
|  |  |

**I. Performance of Duties/Responsibilities**List duties/responsibilities from the position description. Comment on the results achieved.

|  |  |
| --- | --- |
| **Duties/Responsibilities & Goals** | **Results** |
|  |  |
| **Other Factors Relevant to the Position** |
|  |

**II. Demonstration of Values**

|  |
| --- |
| **Values:** Indicate how the employee demonstrates behaviors through our values. Provide examples in the comment section how the values are demonstrated. |
| **Integrity**Values respect and honesty, adhering to ethical, data-based decision-making that promotes the mission.**Engagement**Values collaboration and active participation both in the classroom and throughout the community.**Inclusion**Values bringing different lived experiences and a range of backgrounds into a shared environment where everyone has equal access to opportunities.**Passion**Values a positive environment where all can find and pursue their passion. |
| Comments |

**III. Goals**

List professional goals set for the reviewed period and comment on the results achieved. Upon review set goals for the next period.

|  |  |
| --- | --- |
| **Last Period’s Professional Goals** | **Professional Goal Progress** |
|  |  |
| **Next Period’s Goals** |

**IV. Supervisor Summary:**

Summary and comments about the employee’s overall performance.

|  |
| --- |
|  |

**V. Overall Performance Rating:**

Consider all performance criteria and indicate overall rating.

|  |  |
| --- | --- |
| **Select One** | **Level** |
| [ ]  | **Satisfactory**Employee consistently meets performance objectives. |
| [ ]  | **Unsatisfactory**Unacceptable performance; below expectations[ ]  *Performance Improvement Plan (PIP) Required* |

**VI. Employee Acknowledgment:**

I have read my Position Description, I understand the duties/responsibilities and goals for me and my position, and I understand that this appraisal is based upon my performance in my position.

I acknowledge I have read the appraisal and have discussed its contents with my supervisor. I wish to make the following comments:

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Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Dean Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR DEPARTMENT DIRECTORS:**

[ ] An updated Position Description is attached.

*Original signed Performance Review along with an updated Job Description is filed in the employee’s personnel file in Human Resources. Keep a copy of the Last Period & Next Period Goals for your file for updates as the situation warrants and to assist you at the end of the next evaluation period.*