



Professional UUP Staff Performance Review Program

Name of Employee: _____

Job Title: _____

Period of time covered by this evaluation: July 1, _____ to June 30, _____

Part I: Performance Review (Completed by Supervisor Based on Last Year's Performance Program)

Effectiveness in Performance:

(As demonstrated, for example, by success in carrying out assigned duties and responsibilities, efficiency, productivity, and relationship with colleagues).

Exceptional Highly Effective Effective & Competent Needs Improvement Unsatisfactory

Mastery of Specialization:

(As demonstrated, for example, by degrees, licenses, honors, awards, and reputation in professional field).

Exceptional Highly Effective Effective & Competent Needs Improvement Unsatisfactory

Professional Ability:

(As demonstrated, for example, by invention or innovation in professional, scientific, administrative, or technical areas; i.e. development or refinement of programs, methods, procedures, or apparatus).

Exceptional Highly Effective Effective & Competent Needs Improvement Unsatisfactory

Effectiveness in University Service:

(As demonstrated, for example, by such things as college and University public service, committee work, and involvement in college or University related student or community activities).

Exceptional Highly Effective Effective & Competent Needs Improvement Unsatisfactory

Continuing Growth:

(As demonstrated, for example, by continuing education, participation in professional organizations, enrollment in training programs, research, improved job performance and increased duties and responsibilities).

Exceptional Highly Effective Effective & Competent Needs Improvement Unsatisfactory

1. Employee Strengths or Positive Accomplishments:

2. Employee Challenges or Areas for Development:

3. General Comments about Employee Performance:

In general has employee's overall performance been satisfactory?

Yes

No

If no is checked, the employee has the right to appeal under appendix A-28.

Employee Initials: _____

Part II: Performance Plan for the Upcoming Year

(Completed Jointly by Supervisor and Employee)

This section is basically the job description for this individual for the next year. Overall satisfactory performance is evaluated from this list.

A change in responsibilities during the year requires a revised Performance Plan.

1. **List Core Duties:**

2. List Priority or Special Projects:

3. List Specific Areas for Improvement or Growth:

Acknowledgment

Immediate Supervisor Signature: _____ **Date:** _____

(Acknowledges that Supervisor involved employee and reviewed results with employee.)

Secondary Supervisor Signature: _____ **Date:** _____

(If applicable)

Secondary Supervisor Comments:

I understand that I have a right to submit a letter stating where I disagree with the evaluation.

Employee Signature: _____ **Date:** _____

(Acknowledges only that the evaluation was reviewed with employee, not employee agreement.)

Management/Confidential Signature: _____ **Date:** _____

(Acknowledges agreement with Immediate Supervisor Recommendations.)