|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee’s Name:** |  | | |  | **Supervisor's Name:** |  | | |
|  |  |  |  |  |  |  |  |  |
| **Begin Date:** |  | | |  | **Department:** |  | | |
|  |  |  |  |  |  |  |  |  |
| **Evaluation Period:** |  |  |  |  | **Length of time you**  **have supervised**  **employee:** |  |  |  |
|  | **From** |  | **Through** |  | **Years** |  | **Months** |
| **Length**  **of time**  **in position:** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Years** |  | **Months** |  |  |  |  |  |

**RATING SCALE**

**Exceptional**: Work performance exceeds expectations in all areas of responsibility. Remarkable achievement and pacesetting performance.

**More Than Satisfactory**: Work performance exceeds expectations.

**Satisfactory**: Work performance meets expectations.

**Needs Improvement**: Work performance does not meet expectations.

**Unacceptable**: Work performance falls substantially short of expectations.

|  |  |  |
| --- | --- | --- |
| **PROGRESS TO DATE:** |  | |
|  | **RATING** | |
|  | **Exceptional** |
|  | **More Than Satisfactory** |
|  | **Satisfactory** |
|  | **Needs Improvement** |
|  | **Unacceptable** |

|  |  |  |
| --- | --- | --- |
| **PERFORMANCE (STRENGTHS AND AREAS NEEDING IMPROVEMENT):** |  | |
|  | **RATING** | |
|  | **Exceptional** |
|  | **More Than Satisfactory** |
|  | **Satisfactory** |
|  | **Needs Improvement** |
|  | **Unacceptable** |

|  |
| --- |
| **POTENTIAL FOR A RESEARCH CAREER IN THE DISCIPLINE:** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OVERALL PERFORMANCE RATING** | | | | |
| **EXCEPTIONAL** | **MORE THAN**  **SATISFACTORY** | **SATISFACTORY** | **NEEDS**  **IMPROVEMENT** | **UNACCEPTABLE** |
| **Work performance exceeds expectations in all areas of responsibility. Remarkable achievement and pacesetting performance.** | **Work performance exceeds expectations.** | **Work performance meets expectations.** | **Work performance does not meet expectations.** | **Work performance falls substantially short of expectations.** |
| **Place an "X" in the box which describes the employee's overall performance rating.** | | | | |

|  |
| --- |
| **Comments** |
|  |

|  |
| --- |
| **Summary of Expectations and Activities for the Following Year** |
| List performance objectives, specific projects, or training and development plans for the next review period. Describe other plans/actions dictated by the appraisal. |

|  |
| --- |
| **Employee Comments/Responses** |
| Optional. If employee wishes to do so, any comments concerning the appraisal may be indicated in this section. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date** |  |
| I have read and discussed this appraisal with my supervisor and I understand its contents. My signature means that I have been advised of my performance status and does not necessarily imply that I agree or disagree with either the appraisal or the contents. | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Supervisor** | | | |  | **Department Head** | | | |
|  |  |  |  |  |  |  |  |  |
| **Signature:** |  | **Date:** |  |  | **Signature:** |  | **Date:** |  |
|  |  |  |  |  |  |  |  |  |