

Performance Evaluation for
Non-Probationary Non

Employee Name:

Department:

Classification:

Period Covered By Review: thru

Evaluator/employee comments on the ratings given to attributes, on ideas for improving job performance, or on areas where there has been improvement since the last evaluation.

Written justification for ratings of U ²unsatisfactory, NI ²needs improvement, and E ²excellent is required.

Evaluator comments:

Employee comments:

Evaluator Signature* _____ Date_____

Employee Signature** _____ Date_____

Department Head*** _____ Date_____

* Immediate supervisor should complete evaluation rating.

** Employee signature indicates that they have seen the evaluation but does not necessarily indicate concurrence with the evaluation.

*** A Department Head signature is required, even if same person as evaluator.

<p>RETURN TO: HUMAN RESOURCES SHERMAN HALL105</p> <p>Date Received:</p>	<p>Evaluation Monitor _____</p> <p>Director _____</p>
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