**Summary Evaluation**

**Academic Staff, University Staff, Limited Appointees**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name |  | Employee ID |  |
| Employee Title |  | UDDS |  |
| Supervisor Name |  | Date |  |

You are scheduled for your annual performance review on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_.

Please complete this form and submit this to your supervisor by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Part I – to be completed by Employee:**

Indicate accomplishments and/or additional responsibilities you have assumed this past year:

Indicate progress made towards achieving previous year’s goals:

Suggested goals for upcoming year:

What additional professional development opportunities and/or training would be helpful?

Does your position description accurately reflect the duties of your job? [ ]  Yes [ ]  No

If not, what needs to be changed?

Additional comments:

*Please add additional pages as needed*

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name |  | Employee ID |  |

**Part II – Supervisor’s evaluation:**

Activities and accomplishments from the previous year:

Has the employee made satisfactory progress toward achieving annual goals? [ ] Yes [ ] No

Behaviors for success (Attitude, Communication, Dependability, Initiative, Working Relationships, etc):

Goals for upcoming year (consider making goals SMART):

Suggestions for professional development and/or additional training:

Is the employee’s overall job performance meeting expectations?

 [ ]  Exceeds expectations [ ]  Meets expectations [ ]  Improvement needed (comments required)

*Please add additional pages as needed.*

*By signing below, the above employee acknowledges receipt of the performance review. The signature does not confirm the employee’s agreement with the content of the evaluation. If the employee wishes to provide a written response to this evaluation, she/he has 30 days from the receipt of the evaluation to submit the response to CALS Office of Human Resources. The response will be added as part of the official evaluation file.*

*Employee signature Date*

*Supervisor Signature Date*

*Please send a copy of this form to your unit’s administration and to CALS Human Resources.*