The University of Texas Rio Grande Valley
Office of Human Resources

A & P Performance Evaluation Form

EMPLOYEE INFORMATION		
Last Name	First Name	Employee ID
Position Title	Department	Division

EVALUATION INFORMATION
Appraisal Period Start Date
Appraisal Period End Date

1 Evidence of Strong Leadership

Self-Evaluation :

Supervisor Response :

2 Evidence of Good Fiscal and/or Administrative Management

Self-Evaluation :

Supervisor Response :

3 Evidence of Creativity and Innovation

Self-Evaluation :

Supervisor Response :

4 Evidence of Interpersonal and Communication Skills

Self-Evaluation :

Supervisor Response :

5 Evidence of Commitment to Customer Service [Please Define Who Your Principal “Customers” Are]

Self-Evaluation :

Supervisor Response :

6 List of Three to Five Most Significant Accomplishments in the Past Year

Self-Evaluation :

Supervisor Response :

7 Overall Evaluation of Performance

Self-Evaluation :

Supervisor Response :

8 Goals for the Coming Year

Self-Evaluation :

Supervisor Response :

9 Individual Development Plan

Self-Evaluation :

Supervisor Response :

SUPERVISOR SECTION

I acknowledge that this document reflects my evaluation of the employee's performance and that it is accurate and true. I also acknowledge that prior to submission of this document to The Office of Human Resources, I reviewed this evaluation, and further discussed the essential functions of the position with the employee.

Supervisor Signature	Supervisor Printed Name	Supervisor Job Title	Date

EMPLOYEE SECTION

By signature, I acknowledge that I discussed this evaluation with my supervisor and reviewed the evaluation, it does not imply agreement.
I understand that I may receive a copy of this appraisal upon request.

Employee Signature	Employee Printed Name	Employee Job Title	Date

For Human Resource Use Only

Date Entered : _____ Processed By : _____

Comments : _____