



EXECUTIVE STAFF PERFORMANCE APPRAISAL FY _____ - _____

APPRAISAL FOR: _____ MAIL STOP: _____ JOB TITLE: _____
SUPERVISOR: _____ MAIL STOP: _____ DEPARTMENT: _____
REVIEWER: _____ MAIL STOP: _____ MEETING DATE: _____

OVERALL PERFORMANCE RATING (circle one):

Meets
Expectations

Marginally
Meets
Expectations

Does Not Meet
Expectations

PERFORMANCE OBJECTIVES

(Primary responsibilities and related performance should be discussed. Attach additional sheets as needed.)

1. Objective:
Rating:
2. Objective:
Rating:
3. Objective:
Rating:

DEVELOPMENT PLAN (Attach additional sheets as necessary.)

Strengths:	Specific recommendations for better utilizing strengths:	Target date:
Areas for Improvement:	Specific recommendations for improving current job performance:	Target date:

Both the supervisor and the employee must sign the appraisal form in the space provided below after the completion of the performance appraisal meeting. The signature of the employee does not imply agreement with the contents of the form, but signifies only that the performance appraisal meeting was held.

Employee optional comments are attached (check one): YES _____ NO _____

Supervisor signature Date

Employee signature Date

Reviewer (President, Provost, VP, or Dean) Date

Copy to Human Resources, Reviewer, Supervisor, Employee

APPRAISAL FOR: _____

DATE: _____

ANTICIPATED PERFORMANCE OBJECTIVES FOR UPCOMING FISCAL YEAR

(Identify planned revisions, if any, to individual performance objectives here.)

OPTIONAL EMPLOYEE COMMENTS (Attach additional sheets as necessary.)