

ALTERNATE EMPLOYEE APPRAISAL FORM

(While this document can be in any format and include multiple pages, it must contain all of the information outlined below.)

Name: _____
Banner ID: _____
Job Title: _____
Period Covered: _____

Brief Description of Job:

Employee's Summary of Significant Performance Accomplishments and Contributions:

(Attach additional pages as needed and indicate in this space to see attachments)

Supervisor's Performance Assessment:

(Attach additional pages as needed and indicate in this space to see attachments.)

Supervisor's assessment must include one of the following overall ratings: Consistently Exceeds Expectations, Frequently Exceeds Expectations, Fully Meets Expectations, Some Improvement Needed, or Significant Improvement Needed.)

Signatures indicating appraisal has been reviewed:

Employee: _____
(date) (printed name) (signature)

Supervisor: _____
(date) (printed name) (signature)

Second Line
Supervisor: _____
(date) (printed name) (signature)

C: Human Resources
Employee
File