Annual Performance Review Form

(Faculty / Instructional Academic Staff)

This form is to be completed for all Faculty and Instructional Academic Staff and submitted to the Office of Human Resources on an annual basis. In instances when a faculty member is up for a Merit, Tenure or Post-Tenure review, this form is required to be submitted as a cover sheet with the applicable review. The Office of Human Resources will place this form in the employee’s personnel file and will use this form to confirm eligibility with [UW- Green Bay Compensation and Pay Plan Policy](http://www.uwgb.edu/UWGBCMS/media/policies/files/Comp-and-Pay-Plan-Policy-Final.pdf?ext=.pdf).

|  |  |
| --- | --- |
| Employee Name: Click or tap here to enter text. | Date of Evaluation: Click or tap here to enter text. |
| Employee Title: Click or tap here to enter text. | **Unit:** Click or tap here to enter text. |

Using the evaluation scale below, rate the employee’s performance for the prior Academic Year *OR* for their first semester of teaching. Comments should be provided that support the identified evaluation rating.

|  |  |  |
| --- | --- | --- |
| **Evaluation Rating Scale:** | Meets Expectations (ME) | Improvement Needed (IN) |

|  |  |  |
| --- | --- | --- |
| **Review Period** | **Rating** | **Comments** |
| Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |

If the employee is rated *Improvement Needed*, please provide a specific improvement plan and describe the actions that will be offered to support employee success.

|  |  |  |
| --- | --- | --- |
| **Area for Improvement** | **Improvement Plan** | **Date for Completion** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Supervisor Actions to Enable & Support Success** (Can include providing guidance, coaching, training, finding a mentor, tools, equipment, etc.) | | |
| Click or tap here to enter text. | | |

I have read the above evaluation.  I understand that my signature does not constitute a concurrence or approval but signifies that I have been shown this review.

|  |  |  |
| --- | --- | --- |
| **Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Unit / Program Chair Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **Unit / Program Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Dean Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |