**ANNUAL EVALUATION FORM**

**(Faculty / Instructional Academic Staff)**

INSTRUCTIONS: This form is to be completed for all Faculty and Instructional Academic Staff and submitted to the Human Resources (cc: SOFAS) on an annual basis. If a merit, tenure, or post-tenure review is required, this form is not necessary for that year’s review. The Office of Human Resources will place this form in the employee’s personnel folder and will use this form to confirm eligibility with HR-14-17-3 Compensation and Pay Plan Policy.

**Employee Name** Click here to enter text. **Date of Evaluation** Click here to enter text.

**Title** Click here to enter text. **Unit** Click here to enter text.

Using the evaluation scale below, rate the employee’s performance over the past year (August to August). Provide comments to support the rating.

Evaluation Rating Scale:

Meets Expectations (ME)

Improvement Needed (IN)

|  |  |  |
| --- | --- | --- |
| **Review Period** | **Rating** | **Comments** |
|  |  |  |

If the employee is rated *Improvement Needed*, 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** |
|  |  |  |
| **Supervisor Actions to Enable & Support Success** (Can include providing guidance, coaching, training, finding a mentor, tools, equipment, etc.) | | |
|  | | |

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 evaluation.

Employee Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR NAME Click here to enter text.

Supervisor Signature: Date:

Director/Dean Signature: Date: