

SECTION 1 - EMPLOYEE IDENTIFICATION

Evaluation Period Ending _____
Month/Day/Year

Employee's Name _____ Line Number _____

Official Job Title and Salary Grade _____ Person Number _____

Agency _____ Faculty/Division _____

SECTION 2 - SUMMARY OF PERFORMANCE

- Describe the employee's performance in accomplishing tasks or achieving objectives specified in the Individual Performance Program. Explain how the employee's performance has exceeded or not met the performance standards. Be as specific and quantitative as possible.

1.

2.

3.

4.

5.

6.

7.

(Attach additional sheets if necessary)

SECTION 3 - RECOMMENDED TRAINING, DEVELOPMENT, AND PERFORMANCE IMPROVEMENT ACTIVITIES

SECTION 4 - PERFORMANCE RATING (Check One.)

OUTSTANDING

HIGHLY EFFECTIVE

EFFECTIVE

NEEDS IMPROVEMENT

UNSATISFACTORY

Supervisor _____ Signature _____ Date _____
(PRINT OR TYPE)

Reviewer _____ Signature _____ Date _____
(PRINT OR TYPE)

(Optional unless rating is "Outstanding" or "Unsatisfactory" or otherwise specifically required by the agency.)

SECTION 5 - CERTIFICATION

I met with my supervisor on _____ to discuss my job performance. I have had an opportunity to read this appraisal and discuss it with my supervisor. My signature does not necessarily signify agreement.

Employee _____
(Signature) (Date)

I have attached written comments concerning the performance appraisal. (Optional on part of the employee.)

NOTE: If the rating is Unsatisfactory and you wish to appeal, you have 15 calendar days from receipt of the rating to submit an appeal. Contact your Personnel Office for specific procedures.