



PERFORMANCE EVALUATION

UUP Professional Employees

Employee's Name:				
Department:				
Evaluation Period:	From Date:		To Date:	
Campus Title:				

B. Instructions for the Evaluation Form

1. Duties and Responsibilities: The evaluation must be based on the duties, objectives, and criteria established in the performance program. The supervisor determines criteria for evaluation. The following are suggested in Appendix A-28 of the UUP Agreement, but others may be substituted or included.

- a) **Effectiveness in Performance:** As demonstrated, for example, by success in carrying out assigned duties and responsibilities, efficiency, productivity, and relationships with colleagues. If the staff member is a supervisor, include whether they have completed performance programs and evaluations for their staff in a timely manner.

Comments:

- b) **Mastery of Specialization:** As demonstrated, for example, by degrees, licenses, honors, awards, presentations at conferences and meetings, offices held in professional organizations, publications, and professional reputation in their field.

Comments:

- c) **Professional Ability:** As demonstrated, for example, by invention or innovation in professional, scientific, administrative, or technical areas; i.e., development or refinement of programs, methods, procedures, or apparatus.

Comments:

- d) **Effectiveness in University Service:** As demonstrated, for example, by public service, committee work and involvement in university-related student or community activities.

Comments:

- e) **Continued Growth:** As demonstrated, for example, by continuing education, participation in professional organizations, completion of professional training programs, or research.

Comments:

- f) **Additional criteria, if applicable:**

Comments:

2. Areas for Growth and/or Improvement:

Include specific suggestions regarding opportunities for professional growth and/or strategies for improving performance, such as attendance at a specific training program, etc.

Comments:

6. Performance Program for Next Evaluation Cycle Attached?

Yes

No

Comments:

I have received and discussed my performance program and this document with my supervisor. My signature does not represent agreement or disagreement with the evaluation.

If I wish to comment, I have appended a written, dated, and signed statement. I understand that I have a right to a review of this evaluation by the Committee on Professional Evaluation if my performance has been characterized as "unsatisfactory" and that I must inform, in writing, my immediate supervisor, the chair of the Committee on Professional Evaluation, and the College President or designee, of my intention to request such a review, within ten working days of receipt of this document.

EMPLOYEE'S SIGNATURE

DATE

SUPERVISOR'S SIGNATURE

DATE

DISTRIBUTION:

Originating office must distribute, in confidential envelopes, as follows:

Original Signed Copy Office of Human Resources

Copies Employee
 Supervisor
 Second-line Supervisor