

College of Agricultural and Life Sciences Academic Staff Performance Review

Employee _____ Title _____

Department _____ Date _____

Part II – Supervisor’s Evaluation:

Annual activities and accomplishments from previous year (January – December):

Quality of overall performance: How does the quality and productivity of the individual’s work compare with the expected level of performance?

Future goals and/or objectives for next year:

Professional development plan:

Additional comments:

____ Employee has reviewed and/or revised his/her current position description. (If checked, send new PD to department and CALS Human Resource office.)

Recommendations for Merit Increase:

Outstanding

Above Average

Average

Below Average

Employee Comments:

Supervisor’s signature _____ Date _____

Employee’s signature _____ Date _____

Send completed forms to your Department Administrator and CALS Human Resources, 212 Agriculture Hall.

**College of Agricultural and Life Sciences
Academic Staff Performance Review**

Name _____ Title _____

Department _____ Date _____

Part I – Employee Activity Report:

You are scheduled for your annual performance review on _____ at _____.

Please complete this form and submit this to your supervisor by _____.

Indicate accomplishments and/or additional responsibilities you have assumed this year (January – December):

Indicate future career goals:

Suggestions for professional growth development (including training):

Additional comments: (List other activities in CALS or Department committees.)

Employee's signature _____ Date _____