



Administrative/Professional Staff Performance Appraisal FY _____ - _____

APPRAISAL FOR _____ **Southeast ID** _____ **JOB TITLE** _____
SUPERVISOR _____ **Southeast ID** _____ **DEPARTMENT** _____
REVIEWER _____ **Southeast ID** _____ **MEETING DATE** _____

OVERALL PERFORMANCE RATING (circle one):

Meets Expectations Marginally Meets Expectations Does Not Meet Expectations

PERFORMANCE OBJECTIVES

(Primary responsibilities and related performance should be discussed. Attach additional sheets as needed.)

1.	Objective:
	Rating:
2.	Objective:
	Rating:
3.	Objective:
	Rating:

DEVELOPMENT PLAN (Attach additional sheets as necessary.)

Strengths:	Specific recommendations for better utilizing strengths:	Target date:
Areas for Improvement:	Specific recommendations for improving current job performance:	Target date:

Both the supervisor and the employee must sign the appraisal form in the space provided below after the completion of the performance appraisal meeting. The signature of the employee does not imply agreement with the contents of the form, but signifies only that the performance appraisal meeting was held.

Employee optional comments are attached (check one): YES _____ NO _____

_____ Date _____ Date
 Supervisor signature Employee signature
 _____ Date _____ Date
 Reviewer (President, Provost, VP, or Dean) Date

APPRAISAL FOR: _____

DATE: _____

ANTICIPATED PERFORMANCE OBJECTIVES FOR UPCOMING FISCAL YEAR
(Identify planned revisions, if any, to individual performance objectives here.)

OPTIONAL EMPLOYEE COMMENTS (Attach additional sheets as necessary.)