



**Executive 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.)

<b>1. Objective:</b>		<b>Rating:</b>
<b>2. Objective:</b>		<b>Rating:</b>
<b>3. Objective:</b>		<b>Rating:</b>

**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 \_\_\_\_\_

\_\_\_\_\_  
Supervisor signature                      Date

\_\_\_\_\_  
Reviewer (President, Provost, VP, or Dean)                      Date

\_\_\_\_\_  
Employee signature                      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.)**