

STAFF PERFORMANCE EVALUATION

EMPLOYEE:

POSITION:

SUPERVISOR:

DATE OF PERFORMANCE REVIEW:

The information presented on this form indicates areas in which discussion took place between above-named employee and supervisor.

JOB DESCRIPTION PRESENTLY ON FILE: See attached.

CHANGES IN JOB DESCRIPTION: List all duties that have been added to or removed from the job description as printed above. Include rationale for specific change.

PROFESSIONAL GOALS:

Review of previous goals:

New/continued goals:

EMPLOYEE STRENGTHS:

EMPLOYEE AREAS FOR IMPROVEMENT:

COLLEGE STRENGTHS (as they affect this position):

COLLEGE AREAS FOR IMPROVEMENT (as they affect this position):

WAYS IN WHICH SUPERVISOR OR COLLEGE MIGHT ASSIST EMPLOYEE IN IMPROVING JOB PERFORMANCE:

My signature below indicates that I have had an opportunity to discuss the aforementioned job-related issues with my supervisor.

My signature below indicates that I have had an opportunity to discuss the aforementioned job-related issues with the employee identified on this page.

Employee's Signature Date

Supervisor's Signature Date