P&S PERFORMANCE APPRAISAL CONFIRMATION FORM

Performance Evaluation for:

Employee’s Name ________________

University ID _____________________

Supervisor’s Name ________________

University ID _____________________

In accordance with policies and procedures governing Professional and Scientific staff, employees are to receive a performance appraisal at least annually. Further evaluations may be conducted as needed to communicate management expectations and performance relevant to meeting those expectations. While performance may be measured at any time, the Performance Management Program and Salary Adjustment Policy intend that formal, written reviews occur at least annually, on or around three months (new hires) or the sixth month after there has been a reassignment or reclassification of a position with an incumbent.

A performance appraisal is an important tool for successful performance. It provides an opportunity for open communication between the employee and supervisor and a basis for training, setting objectives and professional development.

For additional information and guidance, please refer to the Performance Management Program for Professional and Scientific Employees.

After meeting with the employee to complete the appraisal, please complete this form and return it to University Human Resources (UHR), Service Center, at 3810 Beardshear Hall. Questions may be directed to 294-4800. Written documentation of the performance appraisal should be retained by the department and by the employee.

Signature on this form certifies the performance appraisal conference has been conducted and written documentation supporting the appraisal has been completed.

The supervisor should mark the box below that correlates with the employee’s annual performance evaluation rating.

Meets or Exceeds Expectations: [ ]  Does Not Meet Expectations: [ ]

Performance appraisal review period (typically 12 months): From ______________ To ______________

Date performance conference conducted: __________________________

Signatures:

______________________________  ________________________________
Supervisor Date Employee Date

Rev. 3/2018