**University of Alaska Anchorage**

**Performance Evaluation for FR/FN Employees**

**I. Employee Information**

|  |  |
| --- | --- |
| **Employee Name (last, first, middle)** | **Position Title** |
| **Department** | **Supervisor Name** | **Review Date** |

**II. Essential Functions –** List your primary responsibilities

1. **Goals and Accomplishments for AY 16-17 related to your primary responsibilities, college and UAA goals, and to other responsibilities assigned.**

1. **Goals for AY 17-18 related to your primary responsibilities, college and UAA goals, and to other responsibilities assigned.**

**V. What specific activities need additional focus and attention and how will you undertake to improve, expand and enhance what you are doing currently?**

**VI. What support do you need from the institution?**

**IX. Overall Performance Rating -** Check the box that is most descriptive of the employee’s overall job performance

|  |  |  |  |
| --- | --- | --- | --- |
| F | M | E |  O |

O Outstanding performance

E Exceeds performance expectations

M Meets performance expectations

F Fails to meet performance expectations

**Comments** - Please provide a clear explanation/summary of why the individual has been placed in the above stated category.

**X. Signatures/Approvals**

Associate Dean’s Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

(When applicable)

Dean’s Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Provost’s Name Printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Comments: [Use back or attach additional sheet(s) if necessary]

Associate Dean’s Initials/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dean’s Initials/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(When applicable)

Provost’s Initials/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_