

**THE UNIVERSITY OF ALABAMA
ANNUAL EMPLOYEE PERFORMANCE EVALUATION**

Employee Name and CWID#: _____

Job Title: _____

Department/Division: _____

Period of Evaluation: From: _____ To: _____

Time in current position: _____

DISTRIBUTION INSTRUCTIONS	<ol style="list-style-type: none">1. Return the original form to Human Resources 303 Rose Administration Building/Box 870126.2. Maintain one copy for your departmental records.3. Distribute one copy to the employee.
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1. Based on the employee's assigned duties and responsibilities, his/her overall performance rating is:

Needs Improvement Meets Expectations Exceeds Expectations

2. Discuss job performance, skills, knowledge, behavioral traits and supervisory factors (if applicable) that were observed and are reflective of the overall rating. Identify the employee's major accomplishments. (Performance factors may include: Knowledge, Skills and Abilities; Quality of Work; Quantity of Work; Work Habits; Communication; Dependability; Cooperation; Initiative; Adaptability; Judgment; and Supervisory Skills.)

3. Identify areas that need improvement and steps necessary to improve performance, including any recommended professional development.

4. Supervisor's Comments Regarding Overall Performance:

5. See Attachment for Goals and Objectives, if applicable. Yes No

SIGNATURES

Rater's Signature: _____ Date: _____

Rater's Name (print): _____

Reviewer's Signature: _____ Date: _____

Reviewer/Dean's Office: _____ Date: _____

I have been advised of my performance ratings. I have discussed the contents of this review with my supervisor. My signature does not necessarily imply agreement.

Employee's Comments (optional):

Employee's Signature: _____ Date: _____

Review of Goals/Objectives/Special Assignments for the Past Year (If Applicable)

Name: _____

1. Goal/Objective/Project/ Special Assignment

Completed Some Progress
 Satisfactory Progress Not Achieved

Comments: _____

2. Goal/Objective/Project/ Special Assignment

Completed Some Progress
 Satisfactory Progress Not Achieved

Comments: _____

3. Goal/Objective/Project/ Special Assignment

Completed Some Progress
 Satisfactory Progress Not Achieved

Comments: _____

Supervisor's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

Establishment of Goals/Objectives/Special Assignments for the Coming Year (If Applicable)

Name: _____

List below the goals, objectives, projects or special assignments which should be continued and/or completed in the coming year. It is understood that these goals, objectives, etc. are subject to adjustment or change as situations and priorities change. This section should be detached and kept in departmental files so that it can be updated as the situation warrants and so that it can be used to assist the rater at the end of the next evaluation period. Attach a copy of this completed form to the performance evaluation.

1. Goal/Objective/Project/Special Assignment

2. Goal/Objective/Project/Special Assignment

3. Goal/Objective/Project/Special Assignment

Supervisor's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____