



PROFESSIONAL PERFORMANCE EVALUATION

Employee _____ Evaluation for the Period _____ to _____

Immediate Supervisor _____
Name Title Department

DIRECTIONS:

1. On a separate sheet of paper, prepare a written draft of the evaluation of the employee’s performance as related to each of the criteria outlined in the Performance Program. The criteria outlined below are examples presented for descriptive and explanatory purposes only. If different criteria were established, they were attached to the Performance Program on file. Please attach continuation sheets to this report as necessary.
a. **EFFECTIVENESS IN PERFORMANCE** (As demonstrated by carrying out assigned duties, efficiency, productivity, etc.)
b. **MASTERY OF SPECIALIZATION** (Demonstrated by degrees, licenses, honors, awards, etc.)
c. **PROFESSIONAL ABILITY** (By invention or innovation in professional, scientific, administrative or technical areas. Development or refinement in programs, methods, procedures or operations.)
d. **EFFECTIVENESS IN UNIVERSITY SERVICE** (Committee work, governance, student or community activities.)
e. **CONTINUING GROWTH** (Continuing education, professional organizations, training programs, etc.)
f. **OTHER** (Attitudes, cooperation, dependability, etc.)
2. Discuss the written evaluation with the employee before preparing in final copy.
3. After the employee has reviewed the written evaluation report, both supervisor and employee should sign below.
4. Prepare the new Performance Program for the next review period along with PO-6, sign and forward along with evaluation.
5. The evaluation with PO-7A and new performance program with PO-6 must be sent to supervisor for review and signature then to Human Resources, UAB 300.
6. The Office of Human Resources Management will maintain the original in the employee’s personnel file. Only if comments and/or changes are made after employee signature will copies be distributed to employee and immediate supervisor.

SUMMARY OF EVALUATION:

- 1. Satisfactory Unsatisfactory
- 2. New PO-6 for next rating period attached

NOTE: An appeal of an unsatisfactory rating must be submitted in writing to the President, the Immediate Supervisor and the Committee on Professional Evaluation no later than ten (10) working days after the date the evaluation was finalized.

I have reviewed this evaluation with the employee.

I have read and understand this report and have discussed its contents with my immediate supervisor. My signature does not necessarily represent agreement.

Immediate Supervisor Signature _____ Date _____ Employee Signature _____ Date _____

ADMINISTRATIVE ACKNOWLEDGMENTS:

I have reviewed the Performance Evaluation for the above-named professional employee.

Comments, if any:

Supervisor's Supervisor Name _____ Signature _____ Date _____