

ADMINISTRATOR'S EVALUATION FORM

(For instructions, see Administrator Evaluation Reporting System Procedures Manual)

PART I - ADMINISTRATIVE DATA

a. Last Name - First Name - Middle Initial:		b. SSN:	c. Present Salary:	d. Type of Appointment [] Regular [] Contractual
e. Unit or college of assignment (complete address):		f. Reason for Report: [] Annual Salary Increment [] Resignation [] Termination of Employment [] Retirement [] Other: Record Purpose Only		
g. Period Covered:		h. No. of Months:	i. Faculty Status and Rank: [] Yes _____ (Rank) [] No	j. Faculty Tenure Status: [] Yes [] No
From:	Thru:			
Year/Month/Day	Year/Month/Day			
k. Retreat Rights: [] Yes [] No	l. Rated Employee (Check one): [] Given to Employee _____ Date [] Forwarded to Employee _____ Date		m. Employee Forwarding Address:	

PART II - AUTHENTICATION

a. Name of Rater (Last, First, MI):	[] I approve of an annual salary increase at 1%; 2%; 3%; 4%; 5% of last year's salary.		
Position Title:	[] No salary increment warranted.		
Complete Address:	Rater's Signature:	Date:	
b. Signature of Rated Employee:		Date:	
c. Certification of Funds:		Date:	
Certifying Officer:			

PART III - POSITION DESCRIPTION

Position Title:	Date Hired:
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Description: (Refer to Administrator's Support Form)

Employee's Name:

Period Covered:

PART IV - PERFORMANCE EVALUATION - PROFESSIONALISM

a. PROFESSIONAL COMPETENCE (In Items 1 through 18 below, indicate the degree of agreement with the following statements as being descriptive of the rated employee performance. Any comments will be reflected in b below.)

HIGH DEGREE LOW DEGREE

5 4 3 2 1

1. Possesses capacity to acquire knowledge/grasp concepts.	11. Represents organizational units effectively within and outside the University.
2. Demonstrates appropriate knowledge and expertise in assigned tasks.	12. Supports compliance requirements (EEO, ADA, etc.).
3. Motivates, challenges and develops subordinates.	13. Develops and implements strategic planning initiatives.
4. Performs well under physical and mental stress.	14. Accepts responsibilities willingly and accomplishes tasks.
5. Encourages candor and frankness from subordinates.	15. Manages conflict.
6. Communicates clearly and concisely in written and oral format.	16. Manages resources effectively.
7. Displays sound judgment.	17. Fosters cultural sensitivity.
8. Seeks self-improvement.	18. Recruits and retains culturally diverse faculty and staff.
9. Adapts to changing situations.	
10. Sets and promotes high standards.	

b. PROFESSIONAL ETHICS (Comment on where the rated employee is particularly outstanding or needs improvement).

Upholds University Ethical Standards.

PART V - PERFORMANCE AND POTENTIAL EVALUATION

a. Performance during this rating period. (Refer to Support Form).

Always Exceeded Requirements
 Usually Exceeded Requirements
 Met Requirements
 Often Failed Requirements
 Failed Requirements

b. Comment on specific aspect of the performance. (Refer to Support Form and Part III of this form). Do not use for Comments on Potential.

c. This employee's potential for higher level assignment is:

President
 Vice President
 Dean
 Director
 Administrator/Manager
 Other

d. Comment on potential and improvement activities to be implemented:

e. Training/experience necessary to fulfill potential.

ADMINISTRATOR'S EVALUATION SUPPORT FORM
 (For instructions, see Administrator Evaluation Reporting System Procedures Manual)

PART I - EMPLOYEE IDENTIFICATION

Name of rated employee (Last, First, MI):	College/Unit:
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PART II - RATER:

RATER	Name:	Position Title:
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PART III - VERIFICATION OF INITIAL FACE TO FACE DISCUSSION

An initial face to face discussion of duties, responsibilities, and performance objectives for the current rating period took place on _____

Employee's Initial _____ Rater's Initial _____

(Date)

PART IV - RATED EMPLOYEE COMPLETE a, b, AND c BELOW FOR THIS RATING PERIOD

a. State your significant duties and responsibilities.

Position Title is _____.

b. List your significant contributions to last year's agreed upon goals and objectives.	Status of Task
_____ Administrator's Signature and Date	

Employee's Name:	Period Covered:
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c. Indicate your major performance goals and objectives as agreed to for the upcoming (FY200_) year.

PART V - RATER COMMENTS (OPTIONAL)

Rater's Signature and Date