

2014 Faculty Annual Performance Review

Name: _____ Person ID: _____ Dept.: _____

Rank: _____ Title Series: _____ Initial Appt.: _____ Tenure Received: _____

Distribution of Effort

2013	2014	2 Yr.
Cal. Yr.	Cal. Yr.	Avg.

Inst:	___	___	___
Res:	___	___	___
Ext:	___	___	___
Spec. Assign:	___	___	___

Performance Rating

Chair's Recommendation

___ x DOE =	___
___ x DOE =	___
___ x DOE =	___
___ x DOE =	___

Deans'
Rating

___ x DOE =	___
___ x DOE =	___
___ x DOE =	___
___ x DOE =	___

Composite _____

Composite _____

Final Rating (from below list): _____

Chair Assessment

Strengths

Suggestions

Deans' Comments

I agree with the above DOE and this evaluation has been discussed with me.

Faculty Member	Date	Chair	Date
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-5 Exceptional Accomplishments -4 Meets High Expectations -3 Satisfactory Performance -2 Below Expectations -1 Unsatisfactory