

## Faculty Post-Retirement Performance Evaluation Form

Complete this form as part of the reappointment process

Post Retiree's Name: \_\_\_\_\_ Academic Unit: \_\_\_\_\_

Post-Retirement Re-appointment Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Summary of Position Responsibilities:

***Academic Unit Leader's Assessment:***

***Strengths:***

***Suggestions:***

***Post-Retiree Comments (optional):***

Academic Unit Leader certifies this post-retiree is meeting or exceeding performance expectations and funding is available for the continuation of this position.

\_\_\_\_\_  
Post Retiree's Signature

\_\_\_\_\_  
Academic Unit Leader Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*Include this signed evaluation form with submission of the Post-Retirement Appointment Form.*