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**ANNUAL PERFORMANCE REVIEW FORM**

**Management Performance Review**

**Employee’s Name:**  **Title:** 

**College/Division:**  **Department:** 

**Evaluator Name:**  **Evaluation Period: From**  **to**

**Performance Expectations**

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Expectation #1: Leadership/Management** | **Does Not Meet Expectations** | **Meets Expectations** | **Exceeds Expectations** |
| Acts as a change champion. Leads courageously by addressing difficult issues. Supports and moves new initiatives forward. Identifies current and future challenges and proposes effective solutions. |  |  |  |
| Facilitates an environment that motivates, empowers, and inspires commitment from employees. Demonstrates commitment to creating and sustaining a diverse and inclusive workforce. Provides clear direction. Creates and implements methods for improving individual and team performance. Builds effective teams committed to organizational goals. Fosters collaboration. |  |  |  |
| Creates an environment in which employees are recognized for their accomplishments and contributions to the success of the team. Builds competence in others through effective coaching, performance management and mentoring. Supports and encourages professional and career development for employees. |  |  |  |
| Understands the university’s mission and vision and how the department/division work activities and goals support the mission. Determines, effectively allocates, and coordinates resources. |  |  |  |
| **Results and Examples**: |  |  |  |
|  | | | |
| **Rating for this expectation (check the appropriate level)**: |  |  |  |
| **Performance Expectation #2: Strategic Planning** | **Does Not Meet Expectations** | **Meets Expectations** | **Exceeds Expectations** |
| As a strategic partner, recommends, creates and implements long and short-term strategic plan goals and operational plans for their functional area. |  |  |  |
| Accomplishes strategic goals for their functional area. |  |  |  |
| Ensures their functional area goals align with and support the overall mission of the university. |  |  |  |
| Effectively communicates the strategic initiatives. Motivates and encourages commitment to achievement of strategic plans. |  |  |  |
| **Results and Examples**: |  |  |  |
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| **Rating for this expectation (check the appropriate level)**: |  |  |  |

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| **Performance Expectation #3: University/Community Partnership** | **Does Not Meet Expectations** | **Meets Expectations** | **Exceeds Expectations** |
| As a member of the campus community, ensures a community focused strategy to support the university’s mission. Identifies and anticipates community needs. |  |  |  |
| Builds effective strategic alliances internally and externally. Collaborates with business partners in the achievement of university goals that support the university’s mission. Initiates and develops strong working relationships with community. |  |  |  |
| Recognizes the importance of collective strength, knowledge, and information. Actively solicits and acts upon feedback. Develops and implements solutions. Successfully negotiates through persuasion. Gains support and commitment from others. Takes the necessary measures to solicit and influence internal and external support. |  |  |  |
| Demonstrates commitment to diversity. |  |  |  |
| **Results and Examples**: |  |  |  |
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| **Rating for this expectation (check the appropriate level)**: |  |  |  |

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| **Performance Expectation #4: Functional Oversight/Management** | | | |
| Oversees the effective management of administrative/functional area over which the position is responsible as reflected on the employee’s current position description. | | | |
| **Results and Examples**: |  |  |  |
|  | | | |
| **Rating for this expectation (check the appropriate level):** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Overall Achievement Level:** |  |  |  |  |
| **Overall Performance Narrative**: | | | | |
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**Signatures/Dates:**

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee signature indicates only that s/he has reviewed and discussed review with manager. It does not signify agreement or disagreement with the contents.

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Next level Management Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_