**ANNUAL ADMINISTRATIVE EVALUATION**

**Associate Dean**

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| --- | --- | --- | --- |
| **Name:** |  | **ID #:** |  |
| **Unit:** |  | **Title:** |  |
| **Review Period:** |  |  |  |

**SELF EVALUATION:**

1. **Describe and evaluate your overall performance and/or achievements for this review period.**
2. **Describe the most difficult part of your job during the past year and the steps you took to overcome or improve.**
3. **Describe specific goals or specific projects you want to accomplish during the next review period.**

**SUPERVISOR EVALUATION:**

* **Leadership:**
* **Communication:**
* **Work Relationships/Teamwork/Customer Relations:**
* **Decision Making:**

**Areas for Improvement/Action Plan:**

**Summary:**

**Overall Evaluation:**

**Signatures:**

My signature indicates I have reviewed this performance appraisal and have discussed the contents with my immediate supervisor or his/her designee. My signature also means that I have advised of my performance and does not necessarily imply I agree with the evaluation. I understand that I may attach my comments to this document to be held in my personnel file in Human Resources.

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| --- | --- |
| **Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Supervisor’s Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Reviewing Supervisor’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

By signing this document, the Reviewing Supervisor is signifying that this form has been reviewed for EEO compliance.