

THE UNIVERSITY OF TEXAS AT AUSTIN
ANNUAL PERFORMANCE APPRAISAL

FOR CLASSIFIED PERSONNEL AND NON-TEACHING PROFESSIONAL STAFF

For Appraisal Period Ending:

Employee Name:

Title:

Department:

OVERALL PURPOSE OF THE POSITION

(Attach additional sheets if necessary):

KEY RESPONSIBILITIES

APPRAISAL OF PERFORMANCE

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APPRAISAL OF PERFORMANCE

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OVERALL PERFORMANCE APPRAISAL

Guide for Appraisal:

- **Exceeds Expectations:** Overall contribution consistently exceeded the communicated expectations in performance and conduct. Performance overall exceeds expectations.
- **Exceeds Some Expectations:** Overall contribution consistently met and often exceeded the communicated expectations in performance and conduct.
- **Meets Expectations:** Overall contribution consistently met the communicated expectations in performance and conduct. Overall performance is good and solid.
- **Does Not Meet Some Expectations:** Overall contribution sometimes met the communicated expectations in performance and/or conduct. One or more responsibilities were not achieved.
- **Does Not Meet Expectations:** Overall contribution was consistently below the communicated expectations in performance and/or conduct. Performance has not met key responsibilities.

In the space below, please provide a rating and summary of the employee's overall performance. In determining the overall rating, please consider the ratings in each key responsibility and, if applicable, the percent time or weight of each key responsibility.

Please also note specific areas of performance where improvements can be made and describe the Performance Action Plan for addressing any performance deficiencies and the scheduled follow-up dates on the plan.

Overall Rating and Comments (Attach additional sheets if necessary):

SUPERVISOR/EVALUATOR INFORMATION

Name of Evaluator/Supervisor: _____

Title: _____

Signature: _____

This performance appraisal was discussed with the employee on: _____ (date)

EMPLOYEE INFORMATION

Name of Employee: _____

Title: _____

Signature: _____

This performance appraisal was discussed with me on: _____ (date)

MANAGEMENT REVIEW

In the space below, please enter any comments on this evaluation (optional).

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Department Head:

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Signature:

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Date:

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EMPLOYEE COMMENTS

In the space below, please enter any comments on this evaluation (optional). Your comments are part of the appraisal and will be included in your personnel file.

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Signature:

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Comments provided on:

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 (date)