

# UNLV *administrative faculty annual evaluation report*

Evaluation period January 1, \_\_\_\_\_, through December 31 \_\_\_\_\_

Name: \_\_\_\_\_

Present Title: \_\_\_\_\_

Dept./Unit: \_\_\_\_\_

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## Area 1: Essential Functions (from PDQ) and Special Projects

Rating for current evaluation period (check one):

Excellent     Commendable     Satisfactory     Unsatisfactory

Supervisor comments for current evaluation period:

Date of last Position Description Questionnaire (PDQ): \_\_\_\_\_

If the PDQ is not an accurate reflection of the current responsibilities for the position, a revised PDQ must be initiated.

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## Area 2: Goals and Objectives

Rating for current evaluation period (check one):

Excellent     Commendable     Satisfactory     Unsatisfactory

Supervisor comments for current evaluation period:

Goals and objectives assigned for next evaluation period:

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**Area 3: Professional Development Plan**

Supervisor comments for current evaluation period:

Employee development plan for next evaluation period:

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**Area 4: Related Factors (Optional, but if used, must be used for everyone within the unit)**

Supervisor comments for the current evaluation period:

Related factors to be considered for the next evaluation period:

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**Overall Rating:** Rating for current evaluation period (check one):

- Excellent     Commendable     Satisfactory     Unsatisfactory

Employees receiving any rating of unsatisfactory on their evaluation must be provided with constructive feedback in the written evaluation for improving job performance, including a written plan for improvement which must be specific and must be provided at the time of the first “unsatisfactory” rating.

If a faculty member disagrees with their evaluation, he or she (a) within thirty calendar days after notification, may submit a written response to the evaluation to be incorporated therewith, AND (b) within fifteen calendar days after notification, may request in writing to the college dean or appropriate vice president the formation of a committee of peers to conduct a separate annual evaluation. Please see Chapter III, Section 8.3 of the UNLV Bylaws for additional information.

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**Supervisor:**

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Type/Print Supervisor’s Name

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Supervisor’s Signature

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**Employee:**

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Type/Print Employee’s Name

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Employee’s Signature

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**Reviewing Official:**

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Type/Print Reviewing Official’s Name

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Reviewing Official’s Signature