



UNIVERSITY of WISCONSIN
GREEN BAY

**ANNUAL EVALUATION FORM
 (Faculty / Instructional Academic Staff)**

INSTRUCTIONS: This form is to be completed for all Faculty and Instructional Academic Staff and submitted to the Human Resources (cc: SOFAS) on an annual basis. If a merit, tenure, or post-tenure review is required, this form is not necessary for that year's review. The Office of Human Resources will place this form in the employee's personnel folder and will use this form to confirm eligibility with HR-14-17-3 Compensation and Pay Plan Policy.

Employee Name _____ **Date of Evaluation** _____

Title _____ **Unit** _____

Using the evaluation scale below, rate the employee's performance over the past year (August to August). Provide comments to support the rating.

Evaluation Rating Scale:
 Meets Expectations (ME)
 Improvement Needed (IN)

Review Period	Rating	Comments

If the employee is rated *Improvement Needed*, provide a specific improvement plan and describe the actions that will be offered to support employee success.

Area for Improvement	Improvement Plan	Date for Completion
Supervisor Actions to Enable & Support Success (Can include providing guidance, coaching, training, finding a mentor, tools, equipment, etc.)		

I have read the above evaluation. I understand that my signature does not constitute a concurrence or approval but signifies that I have been shown this evaluation.

Employee Signature: _____ Date: _____

SUPERVISOR NAME _____

Supervisor Signature: _____ Date: _____

Director/Dean Signature: _____ Date: _____

HR Use Only:

Received Office of Human Resources (initials) _____	Date _____
Training Complete: _____ yes	_____ no