



The University of Georgia<sup>®</sup>

## Division of Student Affairs

### Administrative - A: Faculty Contract Employee Performance Assessment

#### General Information

Employee Name		Employee Job Title	
Review Period		Date of Evaluation	
Supervisor		Supervisor's Job Title	

#### Strengths

#### Areas for Improvement

#### Performance and Personal Goals for Next Review Period

#### Verification of Review

**Employee:** By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.

**Supervisor:** By signing this form, you confirm that you have reviewed all applicable documents (e.g. UGA Elements Reports, Measures of Success Progress Report) in assessing the employee's performance.

Employee Signature		Date	
Supervisor Signature		Date	
Reviewed by VPSA (VPSA signature required)		Date	