**MPP / Confidential Performance Evaluation**

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| --- | --- |
| **Evaluation Cycle** *(Check One)***:** |    |
| **Employee Name:** |       |
| **Title:** |       |
| **Evaluation Period:** | Select FY Review Period |
| **Administrator Level** *(Check One)***:**  |      |

NARRATIVE OF OVERALL PERFORMANCE

**SECTION A**: SUMMARY OF LEADERSHIP AND MANAGEMENT RESPONSIBILITY (FOR MPP)

Confirm if performance evaluations for the employee’s direct reports have been completed: [ ]  Yes [ ]  No [ ]  N/A (No Direct Rprt)

Confirm if position descriptions for the employee’s direct reports have been reviewed and are up to date: [ ]  Yes [ ]  No [ ]  N/A

**SECTION B**: SUMMARY OF GOALS AND ACCOMPLISHMENTS

**SECTION C**: SUMMARY OF CAMPUS COMMUNITY INVOLVEMENT (OPTIONAL FOR CONFIDENTIAL)

**SECTION D**: GOALS FOR NEXT FISCAL YEAR

1. Goal:

|  |
| --- |
| **OVERALL RATING** *(check one)* |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unsatisfactory** | **Needs Improvement** | **Meets Expectations** | **Exceeds Expectation** | **Exceptional** |
| **1** | **2** | **3** | **4** | **5** |
|  |  |  |  |  |

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| **ACKNOWLEDGEMENT:** This evaluation has been discussed with me and I received a copy. I understand my signature does not necessarily indicate agreement.

|  |  |  |  |  |
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|  |  |  |  |  |
| **Employee Name**  |  | **Signature** |  | **Date** |
|  |  |  |  |  |
| **Supervisor Name**  |  | **Signature** |  | **Date** |
|  |  |  |  |  |
| **Division Vice President or President Name**  |  | **Signature** |  | **Date** |

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