**MPP / Confidential Performance Evaluation**

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