

# Performance Evaluation – FSU Administrative

The following core expectations are applicable to those supervising non-student employees.

Type of Review:      Annual              Partial Year

Employee Name:

Position Title:

Banner ID:

Division:

Supervisor Name:

Department:

Date:

## EVALUATION

### A. Collaboration & Teamwork

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### B. Diversity Commitment

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C. Ethics & Integrity

D. Excellence

E. Learning & Innovation



Average Rating :

**SUMMARY:**

**PLANNING**

Review of Current Goals / Objectives

Next Fiscal Year Goals / Objectives

Job descriptions should be reviewed and updated / edited if significant changes impact the position and forwarded to HR for review

**Employee Comments (optional):**

Note: Must be submitted to supervisor within 10 business day of the performance evaluation meeting with supervisor.

**Acknowledgement:** By affixing my signature below, I acknowledge that I have received a copy of this performance evaluation and that I have met with my supervisor to discuss its contents. Further, I acknowledge that my signature does not mean I agree or disagree with the contents and that I may respond as indicated in the above section.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

HR Section	
	HR Reviewer Initials: _____ Attachments:     Y     N Date: _____