

UNIVERSITY OF CENTRAL FLORIDA
ANNUAL EVALUATION OF NON-UNIT FACULTY PERFORMANCE - VERSION II

This annual evaluation of non-unit faculty performance should be completed by the faculty member's department chair, school director, or other appropriate unit supervisor. Where the employee reports to more than one supervisor (e.g., joint appointments), each of the employee's supervisors are encouraged to contribute to and sign off on the evaluation.

The period under evaluation shall be the academic year. The purpose of the annual evaluation is to assess and communicate the nature and extent of an employee's performance of assigned duties. The employee's assignment(s) for the period under evaluation is (are) to be attached to the annual evaluation. Where appropriate, the employee's cumulative progress evaluation should also be attached.

_____ Academic Year of Evaluation

_____ Academic Year of Evaluation

PERFORMANCE PROFILE

CATEGORY	EVALUATION RATING	EVALUATOR COMMENTS (including suggestions for improvement or change, if appropriate)
A. Instructional Activities		
Annual Average FTE* _____		
B. Research & Creative Activities		
Annual Average FTE* _____		
C. Service (Including Governance)		
Annual Average FTE* _____		
D. Other Assigned Duties		
Annual Average FTE* _____		
E. Leave of Absence with Pay		
Annual Average FTE* _____		

* Weighted FTE for the categories described above over the semester in the evaluation period.

Note: Evaluation choices are: Outstanding, Above Satisfactory, Satisfactory, Conditional and Unsatisfactory. **Detailed and comprehensive comments on either Outstanding, Conditional, or Unsatisfactory ratings are required.** Additional pages may be attached to this form.

OVERALL EVALUATION ASSESSMENT

SPOKEN ENGLISH LANGUAGE COMPETENCY: Proficient

Recommended Proficiency Test

If recommending proficiency test, explain reason(s).

EVALUATOR SIGNATURE(S)

Where the employee reports to more than one supervisor (e.g., joint appointments), each of the employee's supervisors are encouraged to contribute to and sign off on the evaluation.

The signatures below certify that the data outlined in this evaluation has been derived from the following: faculty, students, self and other university officials, as appropriate.

_____ Immediate Supervisor's Name	_____ Department/Unit	_____ Immediate Supervisor's Signature	_____ Date
_____ Unit Head's Name	_____ Department/Unit	_____ Unit Head's Signature	_____ Date
_____	_____	_____	_____

COMMENTS BY FACULTY MEMBER

I acknowledge receiving my annual performance evaluation.

Faculty Signature

Date

original: employee's file (Dean's Office)
copy: employee, department/unit