

**May Be Used For Any Classification**

**Prepare in duplicate**

Original-Employing Dept. File  
Copy to the Employee

<b>Employee Name</b>	<b>Department</b>		<b>Division</b>
<b>Payroll Title (Class)</b>	<b>Date Hired</b>	Length of time in present job Years Mos	Period covered by this evaluation FROM TO
<b>Supervisor's Name</b>	<b>Supervisor's Payroll Title</b>		Length of time you have supervised this employee Years Mos



**PERFORMANCE REVIEW**

UPER 128 (R7/88)

Retn: Office of Record: 5 Years After Separation  
Other Copies: 3 - 5 Years After Evaluation

**CHECK ONE**

Superior  
 ↓  
 More than Satisfactory  
 ↓  
 Satisfactory  
 ↓  
 Improvement Needed  
 ↓  
 Unsatisfactory

*Job Responsibilities for Period of Evaluation	Comments and Objectives	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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\*Each supervisor and member of the University Management Program who has direct responsibility for meeting established commitments to equal employment opportunity and affirmative action goals shall be evaluated on his/her good faith efforts in these areas.

<b>Overall Evaluation</b>	<b>Unsatisfactory</b> <input type="checkbox"/>	<b>Improvement Needed</b> <input type="checkbox"/>	<b>Satisfactory</b> <input type="checkbox"/>	<b>More than Satisfactory</b> <input type="checkbox"/>	<b>Superior</b> <input type="checkbox"/>
<b>Comments</b>					

**Future Plans and Actions**

<b>Signature of Immediate Supervisor</b>	<b>Date</b>
<b>Department Head Signature</b>	<b>Date</b>

Your signature indicates neither agreement nor disagreement with the evaluation, but it does indicate that you have read the evaluation, and it has been discussed with you. If you wish, you may comment in the space below.

  
  
  

**Employee's Signature** **Date**

**Employee Comments**