



The University of Georgia[®]

Division of Student Affairs

Administrative - A: Faculty Contract Employee Performance Assessment

General Information

Employee Name		Employee Job Title	
Review Period		Date of Evaluation	
Supervisor		Supervisor's Job Title	

Strengths

Areas for Improvement

Performance and Personal Goals for Next Review Period

Verification of Review

Employee: By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.

Supervisor: By signing this form, you confirm that you have reviewed all applicable documents (e.g. UGA Elements Reports, Measures of Success Progress Report) in assessing the employee's performance.

Employee Signature		Date	
Supervisor Signature		Date	
Reviewed by VPSA (VPSA signature required)		Date	