

Wichita State University

Unclassified Professional Performance Evaluation

Name _____

Title _____

Department _____

Evaluation Period _____

Appointment Type _____ Contingent

_____ Years in Status

_____ Regular

_____ Full-time

_____ Provisional

_____ Part-time

_____ Temporary

1. Brief Description of major duties and responsibilities of the position and recommended goals from previous evaluation (if applicable.) Attach complete job description when appropriate.
2. Summary and evaluation of performance in fulfilling the duties, responsibilities and goals mentioned above, including major accomplishments during review period.
3. Performance Rating (complete attached form)
4. Recommended goals for next performance evaluation (developed with employee)

This format for the Unclassified Professional Performance Evaluation has been provided to enable the department and the reviewer to adjust the form for the space needed in each category. Please refer to and complete all items listed above and RETURN FOUR COPIES TO YOUR DEAN OR DIRECTOR.

3. Performance Rating

The reviewer should select no less than three no more than five categories which best match job criteria for the person being reviewed. The performance factors and ratings serve to reinforce and further quantify the statements made under #2.

Excellent = extremely exceptional level of performance Good = performance exceeds normal expectations associated with job requirements Average = performance fulfills job requirements Fair = performance falls below normal expectations for fulfilling job requirements, improvement possible Unsatisfactory = performance is unacceptable and well below normal expectations for fulfilling job requirements		Excellent	Good	Average	Fair	Unsatisfactory	Not Applicable
Effectiveness	quality and quantity of work						
	effective policy interpretation and implementation						
	attains goals / meets deadlines in timely manner						
	plans and organizes work efficiently						
Professional Competency	effectively exercises professional, scientific, or technical skills						
	develops appropriate policies and / or procedures as needed						
	identifies and resolves problems appropriately						
	adapts to new assignments						
Interpersonal/ Communication Skills	oral and / or written communication ability						
	working relationships with superiors						
	working relationships with peers						
	ability to provide adequate and correct information						
Instruction	instructional effectiveness						
	curriculum development						
	advising						
Professional Development	research activity						
	continued educational activities						
	publication / performance						
	participation in professional organizations						
Professional Service	to the department / unit						
	to the University						
	to the community / region						
	to the discipline / profession						
Other (Identify and explain.)	Commitment to unit/institutional goals						

Unclassified Professional Performance Evaluation
Signature Sheet

Reviewer

Date



EMPLOYEE (Please check appropriate statement, sign, and date):

I have reviewed this report and have been given the opportunity to discuss it with the reviewer.

I have reviewed this report, have been given the opportunity to discuss it with the reviewer, and have attached a written response to this review.

Employee

Date



BUDGET REVIEW OFFICER'S Action / Comments:

Budget Review Officer

Date



VICE PRESIDENT / PRESIDENT'S Action / Comments:

Vice President / President

Date

UNCLASSIFIED PROFESSIONAL NOTICE OF RENEWAL

Name _____ Title _____

Department _____

Appointment type:

Contingent
 Regular
 Provisional
 Temporary

Years in Status
 Full-time
 Part-time

Regular/Provisional:

Renewal recommended

Renewal not recommended

Temporary:

Renewal recommended, pending funding

Renewal not recommended

Position terminates _____ (date)

Signature of Reviewer

Date

I concur with the reviewer's recommendation.

I have attached comments.

Signature of Dean/Budget Reviewer

Date

I concur with the reviewer's recommendation.

I have attached comments.

Signature of Vice President

Date

Unclassified Professional Evaluation Form
 Accountability Planning Matrix
 Calendar Year _____

Name:
 Contingent: Regular: Provisional: Temporary:
 Unit:
 E-mail:
 Campus Extension: Campus Mail Box:

NOTE: THE MATRIX REPLACES THE % OF TIME CATEGORIES ON THE UNCLASSIFIED PROFESSIONAL ACTIVITY RECORD (UPAR).

INSTRUCTIONS

Indicate the percentage of your time you spend on the matrix category for each of the four audiences. The total percentage of your time should equal 100%. There is no need to place a percentage in each cell.

Note: The amount of time you spend in each matrix category should be discussed with you chair and must be approved by your budget officer and your budget review officer. If you are uncertain about the meanings of the categories, please discuss your questions with your budget officer.

	Students	Faculty	Staff	Alumni & Community
Excellence				
Intellectual Exploration (Research/Creative Work)				
Enhance Learning (Teaching)				
Support				
Retain				
Recruit				

Unclassified Professional Signature: _____ Date: _____

Budget Officer
 Signature: _____ Date: _____

Budget Review Officer
 Signature: _____ Date: _____

Academic Affairs
 Signature: _____ Date: _____

NARRATIVE

Unclassified Professional Member:
 (Attach a narrative of no more than one page explaining the previous year's work.)

Supervisor's comments:

Budget Review Officer's comments:

AAR comments: