Performance Evaluation – FSU Administrative Support

The following core expectations are applicable to those who do not supervise non-student employees

Type of Review:	Annual	Partial Year			
Employee Name:			Position Title:		
Banner ID:			Division:		
Supervisor Name:			Department:	Date:	
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EVALUATION					
A. Collaboration & Tea	mwork				
B. Diversity Commitme	nt				

C. Ethics & Integrity
D. Excellence
5. Executive
E. Learning & Innovation

F. Opportunity & Problem Solving						
	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 imp	act the position and forwarded to HR for review	
Employee Comments (optional):		
Note: Must be submitted to supervisor within 10 business day of the performan	nce evaluation meeting with supervisor.	
Acknowledgement: By affixing my signature below, I acknowledge that I have re	eceived a copy of this performance evaluation and that I have met with my	
supervisor to discuss its contents. Further, I acknowledge that my signature doe indicated in the above section.	s not mean I agree or disagree with the contents and that I may respond as	
Employee Signature:	Date:	
Supervisor Signature:	Date:	
	HR Section	
	HR Reviewer Initials:	
	Attachments: Y N Date:	
	Date.	