## **Performance Evaluation – FSU Administrative Support**

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

Updated 2/29/2024

Type of Review:	Annual	Partial Year					
Employee Name:			Position Title:				
Banner ID:			Division:				
Supervisor Name:			Department:	Date:			
EVALUATION							
A. Collaboration & Teamwork							
B. Diversity Commitmer	B. Diversity Commitment						

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 NOTE: Goals must be aligned with the University's Strategic Plan					
Job descriptions should be reviewed and updated / edited if significant changes imp	pact the position and forwarded to HR for review				
Employee Comments (optional):					
Note: Must be submitted to supervisor within 10 business day of the performance evaluation meeting with supervisor.					
Acknowledgement: By affixing my signature below, I acknowledge that I have re	received a copy of this performance evaluation and that I have met with my				
supervisor to discuss its contents. Further, I acknowledge that my signature do					
indicated in the above section.					
Employee Signature:	Date:				
Supervisor Signature:	Date:				
Supervisor Signature	Date				
	HR Section				
	HR Reviewer Initials:				
	Attachments: Y N				
	Date:				