



ADMINISTRATOR PERFORMANCE EVALUATION FORM

Type of Evaluation	<i>Annual</i>	<i>Probationary</i>	<i>Special</i>	<i>Others</i>

(Attach Current Job Description)

Employee Name (Last, First, MI):	Performance Review Date:	
Job Title:	Position Number:	BCAT Code:
Business Title:	Department:	

Supervisor's Comments Regarding Division/Department:

Goals/Objectives for Next Evaluation Period:

1. _____
2. _____
3. _____
4. _____
5. _____

Name:

Individual Performance Review:

(Duties performed well; issues that need attention)

Prior Goals/Objectives Achieved:

1. _____
2. _____
3. _____
4. _____
5. _____

Name: _____

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Employee Signature: _____

This report has been discussed with me. I understand my signature does not necessarily indicate agreement. (Attach additional sheets if necessary to record comments).

Employees comments (if any):

Date: _____

Evaluator's Signature: _____

Date: _____

Reviewer's Signature: _____

Date: _____