

Record of Annual Evaluation Conference for Administrator/Administrative Support Personnel

This is verification that the following components of the Administrative/Administrative Support personnel evaluation procedures have been completed for:

Employee's Name

- _____ 1. Self-Evaluation form completed.
- _____ 2. Supervisor's Evaluation form completed.
- _____ 3. Performance objectives for current academic year were met.
- _____ 4. Duties and responsibilities as required by college policies and procedures were met.

The employee named above is:

- _____ Exceeding performance standards for the position.
- _____ Meeting performance standards for the position.
- _____ Not meeting performance standards for the position.

Remarks and recommendations:

My signature indicates that the evaluation procedures have been completed and discussed. I understand that I have the right to file an addendum to this evaluation within 5 days.

Employee's Signature

Supervisor's Signature

Dean's Signature

Date

Date

Date