

MULTI-YEAR EVALUATION AND RECOMMENDATION FORM
FOR NON-TEACHING PROFESSIONAL STAFF - PART I

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Name: _____ Title: _____

Department: _____ Date: _____

Part I

Date of Original Appointment: _____ Contract Period: _____

(Into "U" Bargaining Unit)

A. Education:

1. Institution, degree and date, specialization(s)

2. Additional educational experience, relevant to present professional responsibilities.

Candidate's Initials _____

Date _____

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B. SELF EVALUATION

1. Provide a complete description of current professional responsibilities:

Candidate's Initials _____

Date _____

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2. Review your performance and achievements over the past contract period bearing on the consideration for a multi-year appointment: that is analyze your professional abilities and the quality of your performance in your position(s):

Candidate's Initials _____

Date _____

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3. Describe your professional contributions – University and Community (e.g. committee work, professional organization leadership roles, publications, etc.) and estimate your potential for continued development:

Candidate's Initials _____

Date _____

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4. Provide a statement of professional goals and objectives:

Candidate's Initials _____

Date _____

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5. Additional supportive information (optional)

Candidate's Initials _____

Date _____

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- C. **List of Documents, Letters, etc. Included in the File (Please attach.)**
The candidate should itemize below all documents, letters, transcripts, publications, papers, etc. that he/she has included with this file.

Signature of Candidate _____

Date _____

Signature of Supervisor _____