

**MULTI-YEAR EVALUATION AND RECOMMENDATION FORM FOR**  
**NON-TEACHING PROFESSIONAL STAFF – PART II** (Page 1)

**Name of Candidate:** \_\_\_\_\_

Please Circle the appropriate rating for each category. "Above Satisfactory" and "Unsatisfactory" ratings must be justified in writing with specific examples and evidence of the work that was performed either above and beyond satisfactory expectations or below satisfactory expectations. Attach supporting documentation.

"Needs Improvement" ratings require a statement that explains the reason for the rating. A Performance Improvement Plan must be developed for Needs Improvement and Unsatisfactory ratings (see attached optional format).

Comments must be limited to the time period for which the candidate is under review and must be specific to the appropriate evaluation category. Comments are not to exceed one page per evaluation.

- |   |   |
|---|---|
| <b>1) Effectiveness in specific duties. (e.g. dependability, reliability, consistency, availability, confidentiality.)</b>                            | <b>Above Satisfactory / Satisfactory</b><br><b>Needs Improvement / Unsatisfactory</b> |
| <b>2) Ability to work with students. (If applicable).</b>   | <b>Above Satisfactory / Satisfactory</b><br><b>Needs Improvement / Unsatisfactory</b> |
| <b>3) Interpersonal skills; relationships with peers, supervisor and the University Community. (Includes written and verbal communication skills)</b> | <b>Above Satisfactory / Satisfactory</b><br><b>Needs Improvement / Unsatisfactory</b> |
| <b>4) Organizational skills within specific job duties. (e.g. time management and follow-up)</b>  | <b>Above Satisfactory / Satisfactory</b><br><b>Needs Improvement / Unsatisfactory</b> |
| <b>5) Evidence of professional growth related to the job.</b>   | <b>Above Satisfactory / Satisfactory</b><br><b>Needs Improvement / Unsatisfactory</b> |
| <b>6) Contributions over and above job fulfillment. (Positive dedication toward growth and development of the University).</b>                        | <b>Above Satisfactory / Satisfactory</b><br><b>Needs Improvement / Unsatisfactory</b> |
| <b>7) The supervisor has met with the candidate during the past contract period to discuss his/her job performance.</b>                               | <b>Yes</b> <b>No</b>  |
| <b>8) The supervisor has discussed the candidate's ability to work with students with a student representative.</b>                                   | <b>Not Appropriate</b> <b>Yes</b> <b>No</b>   |

**MULTI-YEAR EVALUATION AND RECOMMENDATION FORM FOR**  
**NON-TEACHING PROFESSIONAL STAFF – PART II** (Page 2)

Name of Candidate: \_\_\_\_\_

**Recommendations and Signatures:**

**1) Supervisor**

\_\_\_\_\_

- Recommended for a multi-year  
reappointment of \_\_\_ years.  
 Not recommended.

\_\_\_\_\_  
**Candidate** **Date**

- Please check only if you plan to appeal a non-  
recommendation. The appeal must be submitted in  
writing within five (5) working days to the next level of  
review.

**2) Director / Department Head** **Date**

\_\_\_\_\_

- Recommended for a multi-year  
reappointment of \_\_\_ years.  
 Not recommended.

\_\_\_\_\_  
**Candidate** **Date**

- Please check only if you plan to appeal a non-  
recommendation. The appeal must be submitted in  
writing within five (5) working days to the next level of  
review.  
*(The Candidate's signature is required for a non-  
recommendation)*

**3) Dean (if applicable)** **Date**

\_\_\_\_\_

- Recommended for a multi-year  
reappointment of \_\_\_ years.  
 Not recommended.

\_\_\_\_\_  
**Candidate** **Date**

- Please check only if you plan to appeal a non-  
recommendation. The appeal must be submitted in  
writing within five (5) working days to the next level of  
review.  
*(The Candidate's signature is required for a non-  
recommendation)*

**4) Divisional Vice President** **Date**

\_\_\_\_\_

- Recommended for a multi-year  
reappointment of \_\_\_ years.  
 Not recommended.

\_\_\_\_\_  
**Candidate** **Date**

- Please check only if you plan to appeal a non-  
recommendation. The appeal must be submitted in  
writing within five (5) working days to the next level of  
review.  
*(The Candidate's signature is required for a non-  
recommendation)*

\* Candidate may appeal a decision at any level of review within five (5) working days of the non- recommendation.

\* It should be understood that in those circumstances where a particular supervisory level of review does not exist, the evaluation should move to the next level of review within the timeline.

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**PEER EVALUATION**  
(Three Peer Evaluations are recommended)

Evaluation by an employee with whom the candidate has a regular and continuing, functional, working relationship.

Name of Candidate: \_\_\_\_\_

\_\_\_\_\_  
Peer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

(Indicates that the candidate has read the above statement, not necessarily acceptance or rejection of the evaluation.)