The University of Tennessee
Administrator/Supervisor/Peer Review Form (Optional)
(To be completed at supervisor's request and returned to supervisor)

Employee Name:Position Title:	Date:
use your knowledge of this person's wo	form for the above-named administrator, supervisor or colleague. Please ork, decision-making habits and commitment when completing this afform the Annual Performance Review process.
1. Shows Respect for Colleagues and □ N/A □ Strongly Agree □ Agree □ Neutral □ Disagree □ Strongly Disagree	l Customers
2. Collaborates Well in a Team N/A Strongly Agree Agree Neutral Disagree Strongly Disagree	
3. Completes Tasks on Time □ N/A □ Strongly Agree □ Agree □ Neutral □ Disagree □ Strongly Disagree	
4. Willing to Learn New Techniques ☐ N/A ☐ Strongly Agree ☐ Agree ☐ Neutral	and Tasks

☐ Disagree

☐ Strongly Disagree

En	pployee Name:	
5.	Makes Sound and Logical Job-related Decisions □ N/A □ Strongly Agree □ Agree □ Neutral □ Disagree	
	☐ Strongly Disagree	
6.	Participates in Training and Development Activities □ N/A □ Strongly Agree □ Agree □ Neutral □ Disagree □ Strongly Disagree	
7.	Serves as a Positive Role Model for Others N/A Strongly Agree Agree Neutral Disagree Strongly Disagree	
8.	Creates Supportive Environment for Diverse Employees □ N/A □ Strongly Agree □ Agree □ Neutral □ Disagree □ Strongly Disagree	
Re	lationship to Employee:	
	Co-worker / Equal Rank	
Areas of Concern that Should be Addressed:		