

**The University of Tennessee**  
**Performance Review Summary Form (to be completed for all staff and forwarded to Human Resources)**

Employee Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Review Completed By: \_\_\_\_\_  
Review Period: January 2018 to December 2018

IRIS Personnel Number: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Reviewer's Personnel Number: \_\_\_\_\_

**Key Elements:**

1. **Accomplishments** - the extent to which the employee meets expectations in performing the job functions of his/her position as defined in documentation such as the position description (PD), annual work plan, etc.
  - 5  Consistently Exceeds Expectations (supporting statement/documentation required)
  - 4  Fully Achieves and Occasionally Exceeds Expectations
  - 3  Fully Achieves Expectations
  - 2  Sometimes Achieves Expectations
  - 1  Unsatisfactory/Rarely Achieves Expectations (supporting documentation required)
2. **Service & Relationships** - the extent to which the employee's behaviors are directed toward fostering positive working relationships in a diverse workplace, respect for one's fellow workers, and cooperation with students, customers, and visitors.
  - 5  Consistently Exceeds Expectations (supporting statement/documentation required)
  - 4  Fully Achieves and Occasionally Exceeds Expectations
  - 3  Fully Achieves Expectations
  - 2  Sometimes Achieves Expectations
  - 1  Unsatisfactory/Rarely Achieves Expectations (supporting documentation required)
3. **Accountability & Dependability** - the extent to which the employee contributes to the effectiveness of the department and the overall mission of the University. (NOTE: Time off approved under FMLA may not be considered.)
  - 5  Consistently Exceeds Expectations (supporting statement/documentation required)
  - 4  Fully Achieves and Occasionally Exceeds Expectations
  - 3  Fully Achieves Expectations
  - 2  Sometimes Achieves Expectations
  - 1  Unsatisfactory/Rarely Achieves Expectations (supporting documentation required)
4. **Adaptability & Flexibility** - the extent to which the employee exhibits openness to new ideas, programs, systems, and/or structures.
  - 5  Consistently Exceeds Expectations (supporting statement/documentation required)
  - 4  Fully Achieves and Occasionally Exceeds Expectations
  - 3  Fully Achieves Expectations
  - 2  Sometimes Achieves Expectations
  - 1  Unsatisfactory/Rarely Achieves Expectations (supporting documentation required)
5. **Decision Making & Problem Solving** - the extent to which the employee makes sound and logical job-related decisions that are in the best interest of the University. (As applicable, this element includes developing and managing human and fiscal resources within the framework of University policy.)
  - 5  Consistently Exceeds Expectations (supporting statement/documentation required)
  - 4  Fully Achieves and Occasionally Exceeds Expectations
  - 3  Fully Achieves Expectations
  - 2  Sometimes Achieves Expectations
  - 1  Unsatisfactory/Rarely Achieves Expectations (supporting documentation required)

**TOTAL POINTS:** \_\_\_\_\_

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Employee Name: \_\_\_\_\_ IRIS Personnel No: \_\_\_\_\_

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<u>RATING</u>		<u>TOTAL POINTS</u>
Consistently Exceeds Expectations	=	23 - 25
Fully Achieves and Occasionally Exceeds Expectations	=	19 - 22
Fully Achieves Expectations	=	15 - 18
Sometimes Achieves Expectations	=	10 - 14
Unsatisfactory/Not Eligible for Across the Board Increase (Performance Improvement Plan Required)	=	9 or less

Final PR Rating: \_\_\_\_\_

Supervisor's Comments: (Narrative to support overall review and/or as documentation for ratings of 1 or 5.)

Employee's Comments: (Employees may provide additional comments to be retained with this document in the personnel file.)

**Check the following items for completion:**

- Goals and Objectives have been developed and discussed with employee?  Yes  No
- Job Duties and Performance Expectations have been discussed with employee?  Yes  No
- Appropriate corrective action has been discussed with employee?  Yes  No  NA

**By signing below, I acknowledge that I have participated in the review process and have received a copy of the review.**

(1) \_\_\_\_\_  
Supervisor's Signature Date

(2) \_\_\_\_\_  
Dept. Head/Director's Signature Date  
(To be reviewed before employee's signature.)

(3) \_\_\_\_\_  
Employee's Signature Date

**The University of Tennessee**  
**Goals & Objectives Form**

Employee Name: \_\_\_\_\_

Personnel Number: \_\_\_\_\_

Department: \_\_\_\_\_

Position Title: \_\_\_\_\_

Review Completed By: \_\_\_\_\_

Review Period: January 2019 to December 2019

- The Goals & Objectives should include both departmental goals and plans for personal and professional development.
- The time frame indicates when the goal should be accomplished.
- Evaluation indicates how accomplishment will be measured.

	<b>Goals and Objectives</b>	<b>Time Frame</b>	<b>Evaluation</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			