**The University of Tennessee**

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

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| **Employee Name:** | **IRIS Personnel Number:** |
| **Department:** | **Position Title:** |
| **Review Completed By:** | **Reviewer's Personnel Number:** |
| **Review Period: January 2019 to December 2019** |  |

**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)

1. **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)

1. **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)

1. **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)

1. **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: \_\_\_\_\_\_\_\_**

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

**RATING TOTAL POINTS**

**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. (2)

Supervisor's Signature Date Dept. Head/Director's Signature Date

(To be reviewed before employee's signature.)

(3)

Employee's Signature Date

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| **The University of Tennessee** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Goals & Objectives Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Employee Name:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **Personnel Number:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Department:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **Position Title:** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Review Completed By:** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | **Review Period:** | | | | | | | | | | | | | | | | | | | | January 2020 | | | | | | | | | | | | | | | | | **to** | | | | | December 2020 | | | |
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| * 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | **Goals and Objectives** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Time Frame** | | | | | | | | | | | | | | | | | **Evaluation** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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