

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

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)
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: _____

Employee Name: _____ IRIS Personnel No: _____

<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 2020 to December 2020

- 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.

	Goals and Objectives	Time Frame	Evaluation
1			
2			
3			
4			
5			