

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: _____ to _____

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. **Inclusion, Diversity & Engagement** - the extent to which the employee treats others with fairness, dignity, and respect, fosters inclusion, values individual and group differences, makes efforts to enhance inclusion, diversity, and engagement, and contributes to departmental and organizational unit diversity strategic goals.
 - 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Job Duties and Performance Expectations have been discussed with employee? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Appropriate corrective action has been discussed with employee? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> 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:** _____

- 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			