

CONFIDENTIAL

NAME OF EMPLOYEE _____		DEPARTMENT _____	DIVISION _____
PAYROLL TITLE _____	WORKING TITLE _____	DATE HIRED _____	LENGTH OF TIME IN PRESENT JOB _____
PERIOD COVERED BY THIS EVALUATION _____		SUPERVISOR'S NAME AND TITLE _____	
LENGTH OF TIME YOU HAVE SUPERVISED THIS EMPLOYEE _____			

UNIVERSITY OF CALIFORNIA, DAVIS

EMPLOYEE DEVELOPMENT WORKSHEET

<p><u>M</u>ORE THAN SATISFACTORY</p> <p><u>S</u>ATISFACTORY</p> <p><u>I</u>MPROVEMENT NEEDED</p> <p><u>U</u>NSATISFACTORY</p>	<p>CHECK ONE</p>
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JOB RESPONSIBILITIES FOR PERIOD OF EVALUATION	COMMENTS AND OBJECTIVES	M ↓	S ↓	I ↓	U ↓

OVERALL EVALUATION

MORE THAN SATISFACTORY

SATISFACTORY

IMPROVEMENT NEEDED

UNSATISFACTORY

COMMENTS:

FUTURE PLANS: PERFORMANCE GOALS ESTABLISHED BETWEEN EMPLOYEE AND SUPERVISOR

SIGNATURE OF IMMEDIATE SUPERVISOR _____ DATE _____

EMPLOYEE'S SIGNATURE _____ DATE _____
(YOUR SIGNATURE INDICATES NEITHER AGREEMENT NOR DISAGREEMENT WITH THE EVALUATION, BUT IT DOES INDICATE THAT YOU HAVE READ THE EVALUATION AND IT HAS BEEN DISCUSSED WITH YOU. IF YOU WISH, YOU MAY COMMENT IN THE SPACE BELOW.)

DEPARTMENT HEAD'S SIGNATURE _____ DATE _____

EMPLOYEE COMMENTS:

(Retain this form in department files; copy to employee)