College of Medicine

FACULTY performance EVALUATION

PERFORMANCE PERIOD: March 1, 2020 - February 28, 2021

# Employee data

| **Faculty Last Name** |  | **Faculty First Name** |  |
| --- | --- | --- | --- |
| **Rank/Title** |  | **Department** | **Other** | **Chair/****Supervisor Name** |  |

# goals

|  |  |
| --- | --- |
| **Teaching** |  |
| **Research** |  |
| **Service** |  |
| **Leadership/****Administration** |  |
| Notes/Commentsie. Meeting date(s), revision date(s) |  |
| SIGNATURES-GOALS |
| Role | Signature | Date |
| Faculty Member  |  |  |
| Chair/Supervisor |  |  |

|  |
| --- |
| PERFORMANCE EVALUATION [scale 1.0 (min/low) – 4.0 (max/high)]Provide Comments, Rating and Effort for each relevant performance area. Use an alternate color font for mid-year review, if applicable. Add year-end review in black font. (Do not overwrite mid-year.)Do not enter data into blue shaded cells. These will be calculated automatically by selecting the table and hitting F9.  |
| Performance Area | Comments | (X.X)Rating | (.xx)Effort | Weighted Rating |
| **Teaching** |  |  |  | 0.0 |
| **Research** |  |  |  | 0.0 |
| **Service** |  |  |  | 0.0 |
| **Leadership/****Administration** |  |  |  | 0.0 |
| **TOTAL EFFORT** | **0.00** |  |
|  **oVERALL rATING**(select the entire section near the heading “PERFORMANCE EVALUATION” then hit F9 to auto calculate fields)  | **0.0** |
| other Notes/comments |  |

# external professional commitments

# Must be reported at least once annually and should be updated & followed in accordance with NEOMED policies.

|  |
| --- |
| EPCR (External Professional Commitments Report) [ ]  Complete (required)Request for Approval of External Professional Commitments Form [ ]  Complete [ ]  N/A  |

# SIGNATURES-PERFORMANCE evaluation

|  |  |  |
| --- | --- | --- |
| Role | Signature | Date |
| Faculty Member  |  |  |
| Chair/Supervisor |  |  |
| Dean |  |  |