

University of Nevada Las Vegas
Evaluation for
Non-academic Faculty Member

Name:
Title:
Department:
Supervisor Name:

Evaluation Period Begin Date:
 January 01, _____
Evaluation Period End Date:
 December 31, _____

AREA 1 : Essential Functions (from PDQ) and Special Projects	Rating for Current Evaluation Period (Check One)	More than Satisfactory	
		Satisfactory	
		Less than Satisfactory	
Supervisor comments for current evaluation period.			
Indicate date of last Position Description Questionnaire : _____			
If the PDQ listed above is not an accurate reflection of the current responsibilities for the position, a revised PDQ must be initiated.			

AREA 2 : Goals and Objectives	Rating for Current Evaluation Period (Check One)	More than Satisfactory	
		Satisfactory	
		Less than Satisfactory	
Supervisor comments for current evaluation period.			
Goals and Objectives assigned for next evaluation period.			

Professional Development Plan	
Supervisor comments for current evaluation period.	
Employee Development Plan for next evaluation period.	

Related Factors (Optional; but if used, must be used for everyone within the unit.)	
Supervisor comments for current evaluation period.	
Related Factors to be considered for next evaluation period.	

Supervisor Signature : _____ **Date :** _____
Printed Name : _____

Dept Head / Chair : _____ **Date :** _____
Printed Name: _____

If a faculty member disagrees with their evaluation, he or she may (1) within thirty calendar days after notification, submit a written rejoinder to the evaluation **OR** (2) within fifteen calendar days after notification, the faculty member may request in writing to the college dean or appropriate vice president the formation of a committee of peers to conduct a separate annual evaluation. Please see Chapter III, Section 8.3 of the UNLV Bylaws for additional information.

I acknowledge receipt of this evaluation: _____ **Date :** _____
 Non-academic Faculty Member's Signature