

**University of Nevada Las Vegas
Evaluation for Professional Staff
[Non-academic Faculty Members]**

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)	Excellent	
		Commendable	
		Satisfactory	
		Unsatisfactory	
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)	Excellent	
		Commendable	
		Satisfactory	
		Unsatisfactory	
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.	

OVERALL RATING :	Rating for Current Evaluation Period (Check One)	Excellent	
		Commendable	
		Satisfactory	
		Unsatisfactory	

Employees receiving any rating of unsatisfactory on their evaluation must be provided with constructive feedback in the written evaluation for improving job performance, including a written plan for improvement which must be specific and must be provided at the time of the first "unsatisfactory" rating.

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

Reviewing Official: _____ **Date :** _____
Printed Name: _____

If a faculty member disagrees with their evaluation, he or she (a) within thirty calendar days after notification, may submit a written response to the evaluation to be incorporated therewith, **AND** (b) within fifteen calendar days after notification, 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 :** _____
Professional Staff Member's Signature