

UNIFORMED SERVICES UNIVERSITY
 ANNUAL PERFORMANCE EVALUATION
 FOR FULL/PART-TIME FACULTY
 (TENURED, TENURE TRACK AND NON-TENURE TRACK)
 RATING PERIOD 1 JUNE - 31 MAY

NAME :

SSN :

TITLE :

DEPT :

MAJOR ACTIVITY	ACTIVITY RATED	CRITICAL ELEMENT	% OF TIME	PERFORMANCE EVALUATION		
				O	FS	U
(CHECK AS APPROPRIATE)						
TEACHING	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESEARCH	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUBLICATIONS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPARTMENTAL, MEDICAL SCHOOL OR UNIVERSITY ADMINISTRATIVE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PATIENT CARE	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUTSIDE SERVICES	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL ADVANCEMENT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISORY EVALUATION AND SUMMARY RATING :

EMPLOYEE COMMENTS :

RATER : _____

DATE : _____

REVIEWER : _____

DATE : _____

FACULTY MEMBER : _____

DATE : _____