

## FORMAL PERFORMANCE EVALUATION FORM

Review Period- Academic Year 20\_\_ - 20\_\_

### Personal Information

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Position Title: \_\_\_\_\_

Department: \_\_\_\_\_

Evaluator's Name: HOD in this case \_\_\_\_\_ in Case of HOD/Dean \_\_\_\_\_

### Purpose of Formal Performance Evaluation Form

Providing employees, both faculty and staff, with feedback and direction is essential to fulfilling Taif University's mission as well as guiding employees in their growth and development and engaging them in the success of the university.

The *Formal Performance Evaluation Form* functions as an instrument for supervisors to record and share information with employees and/or summarize the communications that have been had over the evaluation period. Nothing on the form should be a surprise to the employee. Any action to improve unacceptable performance should be taken at the time the issue became apparent.

**HODs must complete and discuss this form with their employees and remit it to Deans office** for inclusion in the official personnel file on an annual basis in accordance with the timeline published each year.

## **Section 1 – Purpose of Position**

*Please enter the purpose of the staff position here: (to be filled by staff)*

- A. **Academic** – Lectures per term.....Total achieved..... *comment*
- B. **Practicals and Labs** per term .....Total achieved .....*comment*
- C. **Clinical Duties** .....Total achieved ..... *comment*
- D. **Publications done** .....*comment*
- E. **Student supervision** in publications/Community work ..... *comment*
- F. **Academic Advising:** # of students .....

## **Section 2 – Goals and Objectives for this Review Period (HOD will fill this)**

This section should list the top five goals and objectives developed jointly by the employee and supervisor at the beginning of this review period. If there were circumstances outside the employee’s control that caused a goal to not be achievable, please note what those mitigating circumstances were-

<b>Goals and Objectives for This Review Period</b>		<b>Results</b>	
A.	Academic – Lectures	<input type="checkbox"/>	Achieved
		<input type="checkbox"/>	Exceeded
		<input type="checkbox"/>	Not Achieved
	If not achieved, list any mitigating circumstances outside the employee’s control:		
B.	Academic -Labs and Practical	<input type="checkbox"/>	Achieved
		<input type="checkbox"/>	Exceeded
		<input type="checkbox"/>	Not Achieved
	If not achieved, list any mitigating circumstances outside the employee’s control:		

Goals and Objectives for This Review Period		Results	
C.	Clinical duties – patient work supervision	<input type="checkbox"/>	Achieved
		<input type="checkbox"/>	Exceeded
		<input type="checkbox"/>	Not Achieved
If not achieved, list any mitigating circumstances outside the employee's control:			
D.	Publications done	<input type="checkbox"/>	Achieved
	CDE and Conference attended	<input type="checkbox"/>	Exceeded
		<input type="checkbox"/>	Not Achieved
If not achieved, list any mitigating circumstances outside the employee's control:			
E.	Student supervision – publications- community	<input type="checkbox"/>	Achieved
	work Guiding for conference participation	<input type="checkbox"/>	Exceeded
		<input type="checkbox"/>	Not Achieved
If not achieved, list any mitigating circumstances outside the employee's control:			
F.	Enumerate the names of committees	Chairman's Name	
	1.		
	2.		
	3.		
	4.		
	Achieved	Exceeded	Not Achieved

**Academic staff**                      **Sign**                      **Date:**

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**Head of Dept**                      **Sign**                      **Date:**

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**Dean of Faculty**                      **Sign**                      **Date:**

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**Official seal** \_\_\_\_\_ .