The University of Tennessee Health Science Center Performance Review Summary Form

Must be completed for all staff and forwarded to Human Resources.

Employee Name:	IRIS Personnel Number:
Department:	Position Title:
Review Completed By:	Reviewer's Personnel Number:
Review Period: to	

KEY ELEMENTS:

- 1. Accomplishments: The extent to which the employee meets expectations in performing the job functions of his/her position as defined in documentation such as the Position Description (PD), annual work plan, etc.
 - **5** Consistently Exceeds Expectations (supporting statement/documentation required)
 - 4 🛛 Fully Achieves and Occassionally Exceeds Expectations

 - 1 D Unsatisfactory/Rarely Achieves Expectations (supporting documentation required)
- 2. Service and Relationships: The extent to which the employee's behaviors are directed toward fostering positive working relationships in a civil workplace, respect for one's fellow workers, and coorperation with students, customers, and visitors.
 - **5** Consistently Exceeds Expectations (supporting statement/documentation required)
 - 4 🛛 Fully Achieves and Occassionally Exceeds Expectations

 - 1 🛛 Unsatisfactory/Rarely Achieves Expectations (supporting documentation required)
- **3.** Accountability and Dependability: The extent to which the employee contributes to the effectiveness of the department and the overall mission of the University. (NOTE: Time off approved under FMLA may not be considered.)
 - **5** Consistently Exceeds Expectations (supporting statement/documentation required)
 - 4 🛛 Fully Achieves and Occassionally Exceeds Expectations
 - **3** D Fully Achieves Expectations

 - 1 D Unsatisfactory/Rarely Achieves Expectations (supporting documentation required)
- **4. Equity, Diversity, and Inclusion**: The extent to which the employee treats others with fairness, dignity, and respect; fosters inclusiveness; values individual and group differences (i.e. age, gender, religion, race, ethnicity, sexual orientation, gender identity, nationality, veterans, disability, culture, position, and others); takes efforts to enhance diversity, inclusion, and cultural humility; and contributes to departmental and organizational unit diversity strategic goals.
 - **5** Consistently Exceeds Expectations (supporting statement/documentation required)

 - 2 🛛 Sometimes Achieves Expectations
 - 1 D Unsatisfactory/Rarely Achieves Expectations (supporting documentation required)
- 5. Decision Making and Problem Solving: The extent to which the employee makes sound and logical job-related decisions that are in the best interest of the University. (As applicable, this element includes developing and managing human and fiscal resources within the framework of University policy.)
 - **5** Consistently Exceeds Expectations (supporting statement/documentation required)
 - 4 🛛 Fully Achieves and Occassionally Exceeds Expectations

 - 2 🛛 Sometimes Achieves Expectations
 - 1 D Unsatisfactory/Rarely Achieves Expectations (supporting documentation required)

TOTAL POINTS:

Employee Name:_ IRIS Personnel Number:_ **RATING:** TOTAL POINTS: = 23 - 25 **Consistently Exceeds Expectations** Fully Achieves and Occassionally Exceeds Expectations = 19 - 22 **Fully Achieves Expectations** = 15 - 18 = 10 - 14 **Sometimes Achieves Expectations** = 9 or less Unsatisfactory/Not Eligible for Across the Board Increase (Performance Improvement Plan Required) FINAL PR RATING: =_____

1.	Goals and objectives have been developed and discussed with employee?:	□ Yes	□ No	
2.	Job duites and performance expectations have been discussed with employee?:	□ Yes	□ No	
3.	Appropriate corrective action has been discussed with employee?:	□ Yes	🗆 No	□ N/A
4.	My supervisor has informed me of the importance of regularly checking my work and personal information that is recoreded in IRIS?:	□ Yes	🗆 No	□ N/A

Supervisor's Comments: (This section may be used as documentation for the "unsatisfactory" ratings.)

Employee's Comments: (Employees may provide additional comments to be retained with this document in the personnel file.)

By signing below, I acknowledge that I have participated in the review process and have received a copy of the review.

Supervisor's Signature:	_ Date:
Unit Head/Director's Signature:	_ Date:
Employee's Signature:	_ Date:

Performance Review Summary Form | Goals and Objectives Form | Rev. 09.20

The University of Tennessee Health Science Center Goals and Objectives Form

Employee Name:	_ IRIS Personnel Number:	
Department:	Position Title:	
Review Completed By:	Reviewer's Personnel Number:	
Review Period: to		

• This form should include both departmental goals and plans for personal and professional development.

- The time frame indicates when the goal should be accomplished.
- Evaluation indicates how accomplishment will be measured.

	Goals and Objectives	Time Frame	Evaluation
1			
2			
3			
4			
5			