




TEXAS A&M UNIVERSITY

Human Resources
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April 5, 2004

MEMORANDUM

TO: Michael B. Hall
Executive Associate Dean of Science
College of Science
Texas A&M University
MS 3257

FROM: Susan Irza 
Director of Human Resources

SUBJECT: Approval of Alternate Performance Evaluation Forms

TAMU Human Resources has completed reviewing the College of Science Postdoctoral Associates performance review forms submitted by your office. Your forms contain the requisite elements required by TAMU policy and are approved for use.

If you have any questions, please contact Dr. Tom Garney at tgarney@tamu.edu or by phone at 845-1054.

CC: Dr. H. Joseph Newton

Performance Planning and Evaluation for Postdoctoral Associates

Date: _____ College of Science Department of: _____

Name: _____ Title: _____

Dates of Appointment: From: _____ to _____

Period for which evaluation is made: From: _____ to _____

Number of refereed publications as senior author: _____ co-author _____

Overall Performance of duties:

_____ beyond expectation

_____ as expected

_____ below expectation

Comments: (Use back for additional comments)

Employee's Comments: (Use back for additional comments)

Diversity: Supports Department and University diversity initiatives. Contributes to building an enlightened community by creating a climate of openness and inclusiveness. Actively seeks out mutually held values with other employees while respecting and valuing individual differences.

Evaluation:

Outstanding Exceeds expectation Meets expectations Does not meet expectations

Comments:

Employee Development (Supervisors Only): Provides development opportunities and ensures appropriate opportunities are available for each employee under his or her supervision in alignment with organization and University goals. Promotes professional growth that supports the Mission of the Vision 2020 initiative: managerial and service excellence.

Evaluation:

Outstanding Exceeds expectation Meets expectations Does not meet expectations

Comments:

I have reviewed this performance evaluation. My signature means that I have been advised of my performance status and does not necessarily imply I agree with this evaluation.

Postdoctoral Associate Signature: _____

Supervisor Name: _____ Signature _____

PART 2- PERFORMANCE ACTION PLAN

A. Performance Objectives/Initiatives (New or Updated)

Objective	Resources/Support Needed	Time Frame
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B. Professional Development Plan

Please list professional development activities to be completed and resources need to support those activities, if applicable>

Link to examples of suggested employee development: <http://hr.tamu.edu/ed/suggest.pdf>

Professional Development Needs	Resources/Support Needed	Time Frame
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The employee's current *Position Description* has been reviewed for accuracy. NO CHANGES were made for the coming evaluation period.

The employee's current *Position Description* has been reviewed and CHANGED. The amended *Position Description* has been discussed, signed, and filed with the employee's personnel record.

Job performance deficiencies have been documented in this evaluation and discussed with the employee. A copy of this evaluation and the employee's response (if applicable) will be provided to the next level of supervisory responsibility if ANY factor indicates "Does Not Meet Expectations".

Signatures:

*I understand that my signature indicates only that I have read and discussed this **performance evaluation** with my supervisor. It does not necessarily mean that I agree with the evaluation's contents. I may attach written comments, if desired.*

*I understand that my signature indicates that I have read and discussed this **performance evaluation** and my **position description** with my supervisor.*

Employee Date

Supervisor Date

Supervisor (Next level if any factor indicates "Does Not Meet Expectations") Date