



The University of Michigan Staff Member Evaluation

Name of Staff Member	UMID
Department Name	Department ID (6 digit)
Period Covered in Evaluation (from /to)	Reason for Evaluation
This evaluation was discussed with the staff member on (date)	

SUMMARY EVALUATION OF PERFORMANCE. (Additional lines provided on back of form)

- Performance significantly exceeds the requirements of the position in all areas of responsibility as described below.
- Performance meets all requirements of the position and exceeds the requirements in the areas described below.
- Performance meets all requirements of the position in a fully capable manner.
- Performance meets some requirements of the position, meets some of the objectives, but needs improvements in the areas described below.
- Performance fails to meet the requirements of the position. Substantial improvement is needed in the areas described in order to remain in this position.

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Supervisor's Signature	Date Signed
Dean, Director, or Representative	Date
Staff Member's Signature	Date Signed

The staff member's signature, which is required, indicates that the staff member has reviewed and discussed the evaluation with the supervisor. It does not necessarily imply agreement with the evaluation.