The University of Tennessee
Performance Review Summary Form (to 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: January 2012 to December 2012

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 PDQ, annual work plan, etc.
   - 5  Consistently Exceeds Expectations (supporting statement/documentation required)
   - 4  Fully Achieves and Occasionally Exceeds Expectations
   - 3  Fully Achieves Expectations
   - 2  Sometimes Achieves Expectations
   - 1  Rarely Achieves Expectations (supporting documentation required)

2. **Service & Relationships** - the extent to which the employee’s behaviors are directed toward fostering positive working relationships in a diverse workplace, respect for one’s fellow workers, and cooperation with students, customers, and visitors.
   - 5  Consistently Exceeds Expectations (supporting statement/documentation required)
   - 4  Fully Achieves and Occasionally Exceeds Expectations
   - 3  Fully Achieves Expectations
   - 2  Sometimes Achieves Expectations
   - 1  Rarely Achieves Expectations (supporting documentation required)

3. **Accountability & 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 Occasionally Exceeds Expectations
   - 3  Fully Achieves Expectations
   - 2  Sometimes Achieves Expectations
   - 1  Rarely Achieves Expectations (supporting documentation required)

4. **Adaptability & Flexibility** - the extent to which the employee exhibits openness to new ideas, programs, systems, and/or structures.
   - 5  Consistently Exceeds Expectations (supporting statement/documentation required)
   - 4  Fully Achieves and Occasionally Exceeds Expectations
   - 3  Fully Achieves Expectations
   - 2  Sometimes Achieves Expectations
   - 1  Rarely Achieves Expectations (supporting documentation required)

5. **Decision Making & 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 Occasionally Exceeds Expectations
   - 3  Fully Achieves Expectations
   - 2  Sometimes Achieves Expectations
   - 1  Rarely Achieves Expectations (supporting documentation required)

**TOTAL POINTS:** __________
Employee Name: ___________________________ IRIS Personnel No: ___________________________

<table>
<thead>
<tr>
<th>RATING</th>
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<tbody>
<tr>
<td>Consistently Exceeds Expectations</td>
<td>= 23 - 25</td>
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<td>Fully Achieves and Occasionally Exceeds Expectations</td>
<td>= 19 - 22</td>
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<td>Fully Achieves Expectations</td>
<td>= 15 - 18</td>
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<td>Sometimes Achieves Expectations</td>
<td>= 10 - 14</td>
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<td>Rarely Achieves Expectations</td>
<td>= 9 or less</td>
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Final PR Rating: ___________________________

Supervisor’s Comments: (This section may be used as documentation for the Consistently Exceeds and/or Rarely Meets Expectations 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.

(1) ___________________________ __________
   Supervisor’s Signature               Date

(2) ___________________________ __________
   Dept. Head/Director’s Signature      Date
   (To be reviewed before employee’s signature.)

(3) ___________________________ __________
   Employee’s Signature                 Date
The University of Tennessee
Goals & Objectives Form

Employee Name: ___________________________  Personnel Number: _______________________

Department: _______________________________  Position Title: ____________________________

Review Completed By: ________________________  Review Period:  January 2012 to December 2012

- The Goals & Objectives 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.

<table>
<thead>
<tr>
<th></th>
<th>Goals and Objectives</th>
<th>Time Frame</th>
<th>Evaluation</th>
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