

**Performance Evaluation**

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

Employee Empl ID: \_\_\_\_\_

Employee Title: \_\_\_\_\_

Employee type:  Unclassified/Academic;  Classified

UDDS: A53 1200 Department: Biostatistics and Medical Informatics

Type of performance evaluation:  Annual  
 Other: \_\_\_\_\_

Position Description reviewed

Signature/date:

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SMPH Name: \_\_\_\_\_

SMHP HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Comments: