

Montclair State University
Montclair, New Jersey

Managerial Performance Evaluation
And Reappointment Recommendation

July 1, 2011 – June 30, 2012

NAME: _____ DEPARTMENT/DIVISION: _____

FUNCTIONAL TITLE: _____ YEARS IN PRESENT POSITION: _____

Part I: (To be completed by the manager being reviewed)

A. Based upon the goals you and your supervisor(s) articulated for this review period, please address which goals were met, the progress you have made on goals not yet completed and goals not addressed at all.

B. Please list your proposed goals for FY12 (include all FY11 goals partially or not achieved, if applicable).

Name: _____ Functional Title: _____

C. Please provide an analysis of other MAJOR accomplishments for the current year (FY11) AND areas for professional development in the coming year.

D. _____
Signature of Manager Being Reviewed Date

Name: _____ Functional Title: _____

Part II: (To be completed and signed by the immediate supervisor and manager being reviewed)

- A. Please assess the manager's performance with respect to the FY11 goals achieved, partially achieved and/or not achieved. Then comment also on the manager's MAJOR accomplishments and areas for further professional development in the coming year.

Name: _____ Functional Title: _____

B. Immediate Supervisor - Please list your recommended performance goals for the manager for FY12. Include all FY11 goals that were partially or not achieved, if applicable.

C. Reappointment Recommendation

____ Recommended

____ Not Recommended

Immediate Supervisor (print name)

Immediate Supervisor Signature

Date

I have reviewed this evaluation with my supervisor.

D. _____
Manager

Date

Name: _____ Functional Title: _____

Part II: (To be completed and signed by the unit head and manager being reviewed)

- A. Please assess the manager's performance with respect to the FY11 goals achieved, partially achieved and/or not achieved. Then comment also on the manager's MAJOR accomplishments and areas for further professional development in the coming year.

Name: _____ Functional Title: _____

B. Unit Head - Please list your recommended performance goals for the manager for FY12. Include all FY11 goals that were partially or not achieved, if applicable.

C. Reappointment Recommendation

____ Recommended

____ Not Recommended

Unit Head (print name)

Unit Head Signature

Date

I have reviewed this evaluation with my unit head.

D. _____
Manager

Date

Name: _____ Functional Title: _____

Part III: (To be completed by the vice president for managers within the division, or the president for those managers who report directly to the president)

- A. Please assess the manager's performance with respect to the FY11 goals achieved, partially achieved and/or not achieved. Then comment also on the manager's MAJOR accomplishments and areas for further professional development in the coming year.**

Name: _____ Functional Title: _____

B. Please list your recommended performance goals for the manager for FY12. Include all FY11 goals that were partially or not achieved, if applicable.

