

**ILLINOIS STATE UNIVERSITY
ADMINISTRATIVE/PROFESSIONAL
PERFORMANCE EVALUATION SUMMARY FY20**

PERS 924
3/20

Name _____
Title _____
Department _____

OVER-ALL PERFORMANCE APPRAISAL

_____ | _____ | _____ | _____
Unacceptable | Meets Expectations | Exceeds
Expectations

Employee Comments: _____

The signatures below indicate that the attached evaluation was reviewed and discussed by the employee and supervisor.

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____

Return to 1300, Human Resources; NSB 101 **no later** than May 1, 2020