

# Performance Planning and Evaluation for Postdoctoral Associates

## College of Science

Date: \_\_\_\_\_ CLSC Department of: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Dates of Appointment: From: \_\_\_\_\_ to \_\_\_\_\_

Period for which evaluation is made: From: \_\_\_\_\_ to \_\_\_\_\_

Number of refereed publications as senior author: \_\_\_\_\_ co-author \_\_\_\_\_

Number of presentations/non-refereed publications: \_\_\_\_\_

Overall Performance of duties:

\_\_\_\_\_ beyond expectation.

\_\_\_\_\_ as expected.

\_\_\_\_\_ below expectation.

Comments: (use back for additional comments)

Employee's Comments: (use back for additional comments)

**Diversity:** Supports Department and University diversity initiatives. Contributes to building an enlightened community by creating a climate of openness and inclusiveness. Actively seeks out mutually held values with other employees while respecting and valuing individual differences.

**Evaluation:**

Outstanding  Exceeds expectation  Meets expectations  Does not meet expectations

**Comments:**

**Employee Development (Supervisors Only):** Provides development opportunities and ensures appropriate opportunities are available for each employee under his or her supervision in alignment with organization and University goals. Promotes professional growth that supports the Mission of the Vision 2020 initiative: managerial and service excellence.

**Evaluation:**

Outstanding  Exceeds expectation  Meets expectations  Does not meet expectations

**Comments:**

**Safety:** Uses best practices to assist in ensuring the safety of self and others. Completes safety training as necessary and follows applicable safety standards in the performance of their job duties. ***This factor is not required to be rated until the 2010 performance evaluation delivery period\*.***

*\*For this year's evaluation process, employees and supervisors should discuss this factor and expected performance associated with workplace safety. Additionally, Division/Unit heads have the discretion to decide the impact of this factor within their organization.*

**Evaluation:**

Outstanding  Exceeds expectation  Meets expectations  Does not meet expectations

**Comments:**

## **Performance Objectives/Initiatives (new or updated) and Professional Development Plan**

Use this page to list measureable performance objectives for this employee for the upcoming evaluation period (April 1 to March 31). **(At least one objective is required. Use additional pages as necessary)**  
For each objective:

Write a description that is specific and include how successful completion of that objective will be measured.

- In the "Resources/Support Needed" textbox, include the resources or other type of support that will need to be provided to the employee in order to meet the objective.
- In the textbox labeled "Professional Development Needed," list any professional development or training that the employee should obtain in order to increase his/her knowledge, skills or abilities so he or she can meet the objective. **For professional development opportunities, see the Employee & Organizational Development's webpage:** <http://EODinfo.tamu.edu>

Finally, provide the date by which the goal is expected to be met.

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### **Performance Objective 1:**

**Professional Development needs associated with this objective:**

**Resources and Support needs associated with this objective:**

**Target Completion Date:**

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### **Performance Objective 2:**

**Professional Development needs associated with this objective:**

**Resources and Support needs associated with this objective:**

**Target Completion Date:**

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### **Performance Objective 3:**

**Professional Development needs associated with this objective:**

**Resources and Support needs associated with this objective:**

**Target Completion Date:**

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## CERTIFICATION STATEMENTS

### Employee Training Certification\*

*\*For this year's evaluation process, employees and supervisors should discuss this certification and expected compliance with required training assignments. Division/Unit heads have the discretion to decide the impact of compliance with required training assignments within their organization.*

Required Employee Training identified in Texas A&M System Regulation 33.05.02:

1. Orientation to the A&M System
2. Creating a Discrimination Free Workplace/EEO
3. Ethics
4. Reporting Fraud, Waste and Abuse
5. Information Security Awareness

Employees and departmental HR Liaisons may obtain a list of an employee's transcript of training completions or assignments online by accessing TrainTraq from the A&M Single Sign-On System at <https://sso.tamus.edu/>

Supervisors should review an employee's training transcript before selecting the appropriate certification statement.

More information on training requirements and retake cycles for System required training can be found online at <http://EODinfo.tamu.edu/training/requiredTraining.aspx>

Select one box:

- The employee is not past due on any assigned Required Employee Training course listed above.**
- The employee is past-due on one or more assigned Required Employee Training courses listed above. The supervisor and employee will discuss an action plan for the employee to complete the assigned course(s) in a timely manner.**

**NOTE:** Certification is accurate as of the **completion date** of this performance evaluation.

The employee's current *Position Description* has been reviewed. NO CHANGES were made for the coming evaluation period. The position description has been signed (or certified online) by the employee and supervisor and has been filed with the employee's personnel record.

The employee's current *Position Description* has been reviewed and CHANGED. The UPDATED *Position Description* has been discussed, signed (or certified online) by the employee and supervisor and filed with the employee's personnel record.

Job performance deficiencies have been documented in this evaluation and discussed with the employee. A copy of this evaluation and the employee's response (if applicable) will be provided to the next level of supervisory responsibility, if ANY factor indicates "Does Not Meet Expectations" or if overall performance rating is "Below Expectations".

**Signatures:**

*I understand that my signature indicates that I have read and discussed this performance evaluation with my supervisor. It does not necessarily mean that I agree with the evaluation's contents. I may attach written comments, if desired.*

*I understand that my signature indicates that I have read and discussed this performance evaluation and my Position Description with my supervisor.*

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Employee Date

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Supervisor Date

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Department Head (next level, if any factor indicates, "Does Not Meet Expectations") Date