

**FACULTY ANNUAL EVALUATION**

**FSH 3320 : Form 1**

**Review period:**

<table>
<thead>
<tr>
<th>Faculty Name:</th>
<th>Title/Rank</th>
</tr>
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<tbody>
<tr>
<td>V Number:</td>
<td>Unit(s):</td>
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</tbody>
</table>

**Administrative Title:**

*(if applicable)*

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<tr>
<th>Evaluator(s):</th>
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**Responsibilities**

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<tr>
<th>Responsibilities</th>
<th>PD %</th>
<th>Achievements</th>
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<tbody>
<tr>
<td><strong>TEACHING AND ADVISING</strong></td>
<td></td>
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<tr>
<td>FSH 1565 C-1</td>
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</tbody>
</table>

| SCHOLARSHIP and CREATIVE ACTIVITIES                    |      |              |
| FSH 1565 C-2                                         |      |              |

| OUTREACH and EXTENSION                                 |      |              |
| FSH 1565 C-3                                         |      |              |

| UNIVERSITY SERVICE & LEADERSHIP                        |      |              |
| FSH 1565 C-4, 1420 E                                  |      |              |

**Interdisciplinary/Center Administrator Comments Attached** *(if applicable)*

FSH 3050 B-2, 3320 A-1 d, 3520 E-1, G-3, G-4c, and 3560 C, E-2d.

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**Commentary on Faculty Performance**

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**Recommendations (optional):**

- Faculty member is meeting the performance expectations as defined in the position description, and contributes positively to life and learning at the University of Idaho.

- Faculty member is not meeting University of Idaho performance expectations.

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**Unit Administrator Signature**

**Date**

**Unit Administrator (joint appointments [if applicable])**

**Date**

**Faculty Comments Attached** *(optional).* The faculty member is allowed to include comments that respond to the administrator's evaluation.

**Faculty Signature**

**Date**

- Faculty member is meeting the performance expectations as defined in the position description, and contributes positively to life and learning at the University of Idaho.

- Faculty member is not meeting University of Idaho performance expectations.

**Dean Signature**

**Date**
☐ Dean’s Comments Attached (optional). If there is a difference in the commentary or recommendations between the department chair and college dean, the dean shall include a narrative stating the reasons for these differences. The form with attachments must be returned to the faculty member for a second signature (if there is a disagreement, see FSH 3320 A-1 f).

Second Faculty Signature (if applicable)    Date

Disclosure of Conflicts
FSH 6240

• If you have a conflict to disclose then you also will need to complete Form FSH 6240A.
• If there is any change in your circumstance that may give rise to potential conflicts or eliminate potential conflicts previously disclosed, then you will need to complete Form FSH 6240A within 30 days of the change.
• Disclose outside employment for compensation of more than 20 hours/week by completing FORM 6240B

☐ I DO NOT have any conflicts of interest, conflicts of commitment or apparent conflicts, according to FSH 6240, to report.
☐ I DO have any conflicts of interest, conflicts of commitment or apparent conflicts, according to FSH 6240, to report.
   ☐ I have submitted FSH 6240A and a plan to manage each conflict or apparent conflict to my unit administrator.

Faculty Signature    Date

__________________________________________________
Unit Administrator Signature    Date