FACULTY ANNUAL EVALUATION

ENTER CALENDAR YEAR for review period:______

Faculty Name: 
Title/Rank: 
Unit(s): 

V Number: 
Administrative Title: 
(if applicable)

Responsibilities | PD % | Achievements
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Teaching and Advising² | | |
Scholarship and Creative Activities³ | | |
Outreach and Extension⁴ | | |
University Service and Leadership ⁵ | | |

Commentary on Faculty Performance

Recommendations (optional):

☐ Faculty member is making progress on the goals 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.

Unit Administrator Signature ____________________________ Date ____________________________

Unit Administrator (joint appointments [if applicable]) Signature ____________________________ Date ____________________________

Faculty Signature⁶ ____________________________ Date ____________________________

Dean Signature ____________________________ Date ____________________________

☐ Interdisciplinary/Center Administrator Comments Attached (if applicable). The unit administrator is responsible to solicit, discuss and consider evaluative comments from those interdisciplinary/center administrators listed in the faculty narrative. All solicited comments are to be attached to this form.⁷

☐ Faculty Comments Attached (optional). The faculty member is allowed to include comments that respond to the administrator’s evaluation.
Dean’s Comments Attached (optional). If there is any significant difference in the commentary, recommendations, or evaluation overall 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.

Second Faculty Signature (if applicable) Date

Disclosure of Conflicts

- 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

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1 Faculty Staff Handbook section 3320
2 Faculty Staff Handbook section 1565 C-1
3 Faculty Staff Handbook section 1565 C-2
4 Faculty Staff Handbook section 1565 C-3
5 Faculty Staff Handbook section 1565 C-4, 1420E
6 “At the conclusion of the review process, each faculty member shall sign the evaluation form indicating that she/he has had the opportunity to read the evaluation report and to discuss it with the unit administrator.” FSH 3320 A1 e, f
7 Faculty Staff Handbook section 3050 B-2, 3320 A-1 d, 3520 E-1, G-3, G-4c, and 3560 C,E-2d
8 If there is a disagreement, see Faculty Staff Handbook section 3320 A-1 f
9 Faculty Staff Handbook section 6240