FACULTY ANNUAL EVALUATION
ENTER CALENDAR YEAR for review period: ______

Faculty Name: ____________________________  V Number: ___________
Title/Rank: ____________________________  Administrative Title: ____________________________
Unit(s): ____________________________  (if applicable)

Responsibilities | PD % | Achievements
--- | --- | ---
Teaching and Advising | | |
Scholarship and Creative Activities | | |
Outreach and Extension | | |
University Service and Leadership | | |

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 Signature ____________________________  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.8
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 __________

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