

Name of College _____

Endowed Position

Evaluation

Instructions

- This form should be completed during the annual evaluation process (typically in February) by the direct supervisor of the individual who holds the position. (The direct supervisor is typically a department chair or dean.)
- Please enter an evaluative statement for the period that corresponds to the current endowed period. Some positions are evaluated every 3 years. Some positions are evaluated every 4 years.

Endowed Position Name _____

Award Conditions

Name of the Individual who currently holds position _____

Year in which position holder received award _____

Current Award Period (every 3 years or 4 years) _____

Evaluative Statement

Did the current position holder satisfy the award conditions over the current award period?

No Yes Yes with the following expectations

Recommendation

Should the current position holder receive the position for the next award period?

Next Award Period _____ No Yes

Evaluator

Name _____ Signature _____ Date _____

Dean

Name _____ Signature _____ Date _____