



Graduate Assistant Annual Performance Evaluation

Graduate Assistant Name:	
GA Dawg Tag #:	GA AIS#:
Position ID #:	Percentage of Time (FTE):
Supervisor Name:	Rating Period:
Administrative Approval Name:	Date of Evaluation:

% Assignment during this appointment period (please type in %FTE, e.g. 25% or 50%):

- Research Assistant
- Teaching Assistant
- Administrative Assistant

Evaluation of Performance:

- Exceeds Expectations
- Meets Expectations
- Does Not Meet Expectations

Comments/Recommendations (if Assistant either exceeds or does not meet expectations, then comments or recommendations are required – attached additional pages if necessary):

Graduate Assistant's signature confirms only that the Supervisor has discussed and given a copy to the Graduate Assistant and does not indicate agreement or disagreement.

Graduate Assistant Signature	Date	Supervisor Signature	Date
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Pursuant to Section 9.7 of the Agreement between the Board of Trustees of Southern Illinois University and the SIUC Graduate Assistants United, IEA-NEA dated July 1, 2010 – June 30, 2014, the undersigned certifies that an annual review of the above graduate assistant was completed as required by Section 9.1 of said agreement:

Chair/Director Approval	Date
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Please provide a copy of this page to the Graduate Assistant and retain a copy of this page in the Department/Unit.



Graduate Assistant Annual Performance Evaluation

CONFIRMATION OF RECEIPT OF GA EVALUATION

Graduate Assistant Name:	
GA Dawg Tag #:	GA AIS#:
Position ID #:	Percentage of Time (FTE):
Supervisor Name:	Rating Period:
Administrative Approval Name:	Date of Evaluation:

Supervisor's Signature: _____

Date: _____

Director/Chair's Signature: _____

Date: _____

Graduate Assistant's Signature: _____

Date: _____

(Graduate Assistant's signature confirms only that the Supervisor has discussed and given a copy to the Graduate Assistant and does not indicate agreement or disagreement.)