

SIU Graduate Assistant
 CARBONDALE 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

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

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.)