

# PERIODIC REVIEW FORM FOR ACADEMIC SUPPORT STAFF

## COVER PAGE

EMPLOYEE INFORMATION		
Name Surname:		
Unit:		
Date of Employment:		
Review Period:	From:	To:
Date of this Review:		
Date of the Previous Periodic Review:	Assessment:	

ASSESSMENT	
<b>MANAGER'S ASSESSMENT</b>  Name Surname: Title:  (2) Successful ..... (3) Satisfactory ..... (4) Probation ..... (5) Termination .....	<b>ACADEMIC SUPPORT STAFF EVALUTION COMMITTEE'S ASSESSMENT (FINAL)</b>  (1) Outstanding ..... (2) Successful ..... (3) Satisfactory ..... (4) Probation ..... (5) Termination .....
<b>Date of next Review</b> (To be determined by the Manager):	

Attached Documents ( covers the complete Assessment Period- last 3 years):

- I- SELF-ASSESSMENT
- II- MANAGER'S ASSESSMENT REPORT (Annual Review Forms should be attached)
- III- EMPLOYEE'S COMMENTS ON MANAGER'S ASSESSMENT REPORT
- IV- ACADEMIC SUPPORT STAFF EVALUATION COMMITTEE'S ASSESSMENT
- V- DEVELOPMENT ACTION PLAN
- VI- SALARY INCREASE REVIEW COMMITTEE

### I. SELF ASSESSMENT (Employee):

1. Briefly describe your targets for the last 3 years and the extent to which you were able to meet them.
  - a. Main Responsibilities
  - b. Other Professional Activities
2. Attach Evaluation Forms, if any (filled out after workshops, etc.) and other relevant data.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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## **II. MANAGER'S ASSESSMENT REPORT**

1. Briefly describe the employee's targets for the last 3 years and the extent to which he/she was able to meet them.
  - a. Main Responsibilities
  - b. Other Professional Activities
2. Please attach referee views, if any, and other relevant data.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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## **III. EMPLOYEE'S COMMENTS ON MANAGER'S ASSESSMENT REPORT**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**IV. ACADEMIC SUPPORT STAFF EVALUATION COMMITTEE ASSESSMENT****Notes:****OVERALL RATING (FINAL RATING):**

(1) Outstanding..... (2) Successful..... (3) Satisfactory..... (4) Probation..... (5) Termination.....

	<u>Names of the Participants</u>	<u>Signature</u>
President:	.....	.....
Vice President	.....	.....
Dean:	.....	.....
Dean:	.....	.....
Dean:	.....	.....
FDD Director:	.....	.....
Manager:	.....	.....
Faculty Member:	.....	.....
Date:		

**V. DEVELOPMENT ACTION PLAN (will be filled out by the Manager after the Committee Assessment, if necessary and will be communicated to the Employee)**

**A. Strengths:**

**B. Development Areas:**

**C. Development Action Plan (Manager and Employee fills out together)**

<b>Development Area</b>	<b>Action Steps for Development</b>	<b>Date (Deadline)</b>

**VI. SALARY INCREASE REVIEW COMMITTEE**

Comments:

Salary Before Review: ..... TL

Salary Increase Amount: ..... TL (.....% of the Salary Range )

Salary After Review: ..... TL

	<u>Names of the Participants</u>	<u>Signature</u>
President:	.....	.....
Manager:	.....	.....
General Secretary:	.....	.....
Human Resources Director:	.....	.....
Date:		