

University of Oregon  
 College of Arts and Sciences  
**Adjunct NTTF**  
**Performance Management Planning and Review Form**

**1. Adjunct NTTF Employee Information**

Employee Name (Last, First)	UO ID#	Department	Position Title	Position Number
Performance Period	Discussion Date	Department Head		

**2. Performance Factors**

Note that each area for evaluation should be weighted as part of completing this form. Weighting should be consistent with your department or program evaluation criteria and the individual employee's contract.

One or more categories may not be applicable based on the requirements of your department. Weighting should be based only on the applicable category or categories.

	(3) Exceeds Expectations	(2) Meets Expectations	(1) Below Expectations	N/A	Weight (must = 100%)+
Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

+Weighted Average will calculate to zero unless the sum of all the weights equals 100%

\*Please Describe: \_\_\_\_\_

Wtd. Avg.

**3. Additional Comments:**

Specific contributions and achievements:
Improvement opportunities:
Other comments:

**4. Signatures**

Faculty Memeber \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_