ILLINOIS STATE UNIVERSITY
ADMINISTRATIVE/PROFESSIONAL
PERFORMANCE EVALUATION SUMMARY FY24

PERS 924
3/24

Name _____
Title _____
Department _____

OVER-ALL PERFORMANCE APPRAISAL

|_____|_____|_____|_____|

Unacceptable | Meets Expectations | Exceeds Expectations

Employee Comments: _____

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_____

The signatures below indicate that the attached evaluation was reviewed and discussed by the employee and supervisor.

Signature of Employee _____ Date_____

Signature of Supervisor _____ Date_____

Return to 1300, Human Resources; NSB 101 by June 1, 2024