

Administrative and Professional Faculty

ANNUAL OBJECTIVES & MID-YEAR FEEDBACK INSTRUMENT

The intent of Annual Objectives is to identify and establish priorities that represent an extension of performance expectations (VCCS Policy: 3.6.1.4.b.)

Name of Faculty Member:	Position #:	Title:	Date:
Faculty Designation (select all that apply): ☐ First Year ☐ Administrative ☐ Professional		Faculty Rank:	
Status: ☐ One-year appointment ☐ Multi-year appointment		Evaluation Period: _____ to _____ (Date objectives established) (Date of Review)	

Instructions: This form documents both the establishment of the Annual Objectives, as well as the mid-year review feedback progress review. Be sure to list out specific objectives and identify appropriate complete dates, adding additional objectives as necessary. The Review section should be completed at a mid-point to allow for a discussion of progress updates towards completion or changes of stated objectives.

Annual Objectives	Target Completion Date
Objective #1 (VCCS Policy 3.6.1.4.b): _____	_____
Objective #2 (VCCS Policy 3.6.1.4.b): _____	_____
Objective #3 (VCCS Policy 3.6.1.4.b): _____	_____
Objective #4 (VCCS Policy 3.6.1.4.b): _____	_____
Objective #5 (VCCS Policy 3.6.1.4.b): _____	_____

Signature indicates all parties have discussed the Annual Objectives

Employee Signature	Date	Supervisor Signature	Date
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Annual Objectives and Mid-Year Feedback Review						
	Not Started	Progressing as expected	NOT Progressing as expected	Stop	Requires Change	Met
Objective #1	☐	☐	☐	☐	☐	☐
Objective #2	☐	☐	☐	☐	☐	☐
Objective #3	☐	☐	☐	☐	☐	☐
Objective #4	☐	☐	☐	☐	☐	☐
Objective #5	☐	☐	☐	☐	☐	☐
COMMENTS/EXPLANATIONS/FEEDBACK or REQUIRED ACTION.						
NEW OR ADJUSTED OBJECTIVE(S), AS NEEDED: ☐ Supporting documentation attached						

Signature indicates all parties have discussed the Annual Objectives and Mid-Year Feedback Review

Employee Signature	Date	Supervisor Signature	Date
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