

VIP Mid-Cycle Goal Review

Instruction Sheet

Using the completed VIP Performance Appraisal form, from the 2016/2017 Appraisal year, please complete page(s) 7 and/or 8 listing the Key Accountabilities and Goals. The second column titled "Mid-Cycle Status" is to be completed, based upon the initial goals set in March 2017.



**VALUING
INDIVIDUAL
PERFORMANCE**

**Performance Appraisal Form
TEAMS and USPS Exempt**



Business Affairs
University of Florida

Key Accountabilities & Goals	Mid-Cycle Status	Year-End Results
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Exceeds <input type="checkbox"/> Above Average <input type="checkbox"/> Achieves <input type="checkbox"/> Minimally Achieves <input type="checkbox"/> Below Click here to enter text.
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Exceeds <input type="checkbox"/> Above Average <input type="checkbox"/> Achieves <input type="checkbox"/> Minimally Achieves <input type="checkbox"/> Below Click here to enter text.
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Exceeds <input type="checkbox"/> Above Average <input type="checkbox"/> Achieves <input type="checkbox"/> Minimally Achieves <input type="checkbox"/> Below Click here to enter text.
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Exceeds <input type="checkbox"/> Above Average <input type="checkbox"/> Achieves <input type="checkbox"/> Minimally Achieves <input type="checkbox"/> Below Click here to enter text.

Once the Mid-Cycle Status column has been completed, review and sign the separate signature page which has been added (as shown below)



**Performance Appraisal Form
TEAMS and USPS Exempt**



Mid- Cycle Status Comments:
Click here to enter text.

Employee Comments	Click here to enter text.
--------------------------	---------------------------

By signing below, I acknowledge that my mid-cycle evaluation has been reviewed with me and I have received a copy. I understand that my signature does not necessarily indicate my agreement with the evaluation.

Employee's Name & UFID Click here to enter text.	Title Click here to enter text.	Date	Signature
Immediate Supervisor's Name & UFID Click here to enter text.	Title Click here to enter text.	Date	Signature

This last page provides space for both the supervisor and employee to make additional comments and sign on the respective signature lines for the immediate supervisor and employee. Please note that this document should **NOT** be submitted to Human Resources at this time, but should be retained by the department until it is used to complete the year end results.