



Human Resources Memo of Transmittal Certifying Performance Evaluation Conference

The supervisor must complete this form, attach the performance evaluation and send to the managing Dean for review.

SUPERVISOR STATEMENT OF CERTIFICATION

Supervisor

| | | |
|------------|----|-----------|
| First Name | MI | Last Name |
|------------|----|-----------|

This is to certify that I held a conference with the faculty/staff member named below, at the date and time indicated, for the purpose of discussing the attached evaluation of their performance.

Supervisor Signature

| | |
|--|--|
| Date of Performance Evaluation Meeting | Time of Performance Evaluation Meeting |
|--|--|

Faculty/Staff

| | | |
|------------|----|-----------|
| First Name | MI | Last Name |
|------------|----|-----------|

This is to certify that I met with the supervisor named above, at the date and time indicated, and that I had the opportunity of discussing the attached evaluation of my performance.

Faculty/Staff Signature

The managing Dean must complete the information below and send to the Chief Executive Officer, MS #1, SSC L201.

REQUIRED BY DEAN

TO:

Dr. Tanya Millner, Interim Chief Executive Officer

FROM:

Dean

RE: EVALUATION

This is to verify that I have reviewed the attached performance evaluation and recommend that it be placed in the Professional File.

| | |
|----------------|------|
| Dean Signature | Date |
|----------------|------|