

Graduate Assistant Name:	
GA Dawg Tag #:	GA AIS#:
Position ID #:	Percentage of Time (FTE):
Supervisor Name:	Rating Period:
Administrative Approval Name:	Date of Evaluation:

% Assignment during this appointment period (please type in %FTE, e.g. 25% or 50%):

Research Assistant Teaching Assistant Administrative Assistant

Evaluation of Performance:

Exceeds Expectations Meets Expectations Does Not Meet Expectations

Comments/Recommendations (if Assistant either exceeds or does not meet expectations, then

comments or recommendations are required - attached additional pages if necessary):

Graduate Assistant's signature confirms only that the Supervisor has discussed and given a copy to the Graduate Assistant and does not indicate agreement or disagreement.

Graduate Assistant Signature

Date Supervisor Signature

Date

Pursuant to the Agreement between the Board of Trustees of Southern Illinois University and the SIUC Graduate Assistants United, IEA-NEA dated July 1, 2024 – June 30, 2028, the undersigned certifies that an annual review of the above graduate assistant was completed as required by Section 9.1 of said agreement:

Chair/Director Approval

Date

Please provide a copy of this page to the Graduate Assistant and retain a copy of this page in the Department/Unit.



CONFIRMATION OF RECEIPT OF GA EVALUATION

Graduate Assistant Name:	
GA Dawg Tag #:	GA AIS#:
Position ID #:	Percentage of Time (FTE):
Supervisor Name:	Rating Period:
Administrative Approval Name:	Date of Evaluation:

Supervisor's Signature:	Date:
Director/Chair's Signature:	Date:
Graduate Assistant's Signature:	Date:

(Graduate Assistant's signature confirms only that the Supervisor has discussed and given a copy to the Graduate Assistant and does not indicate agreement or disagreement.)

This page should be kept in a separate file in the Department/Unit for potential review by members of GAU.