

**XAVIER UNIVERSITY OF LOUISIANA  
ADMINISTRATIVE STAFF INDIVIDUAL REVIEW**

**Employee Name:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_

**Title of Supervisor:** \_\_\_\_\_

**Evaluation Period:** January 1, 2007 through December 31, 2007

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**OUTCOMES**

List outcomes that were achieved during the review period, and identify goals for the coming year.

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**EFFECTIVENESS ASSESSMENT**

**Employee's Assessment:**

**Supervisor's Assessment:**

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**ACKNOWLEDGMENTS**

**Employee's Signature:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_