

This form to be returned to Mrs Sarah Botcherby, HR Division, The Old Schools, ***NO LATER THAN 31 AUGUST 2017***

FACULTY/DEPARTMENT OF: _____

APPRAISALS CARRIED OUT 1 JANUARY 2016 TO 31 DECEMBER 2016

STAFF BEING REVIEWED (in alphabetical order)	REVIEWER (OR REVIEWING COMMITTEE)	JOB TITLE OF REVIEWER	ATTENDED UNI APPRAISAL TRAINING (Y/N)	FREQUENCY OF APPRAISAL A=ANNUAL B=BIENNIAL	DATE APPRAISAL CARRIED OUT

Location of review documents:	
Name of member of staff responsible for document safekeeping:	

SIGNED:		DATE:	
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Please photocopy additional sheets if they are required.