

Faculty Post-Retirement  
Performance Evaluation Form  
Complete this form as part of the E02  
reappointment process

Faculty Member's Name: \_\_\_\_\_ Dept.: \_\_\_\_\_

Post-Retirement Re-appointment Start Date:

End Date: \_\_\_\_\_

Summary of Position Responsibilities:

Chair's Assessment:

*Strengths*

*Suggestions*

Optional Employee Comments:

Department chair certifies this post-retiree is meeting or exceeding performance expectations and funding is available for the continuation of this position.

\_\_\_\_\_  
Post-Retiree Signature

\_\_\_\_\_  
Chair's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Submit attached to email along with the E02 form to Megan Lucy, Megan.Lucy@uky.edu