



Northern Illinois  
University

**Supportive Professional Staff Annual Evaluation Certification**  
**FY23 (7/1/22 - 6/30/23)**

**Employee Name:**

**EMPLID:**

**Position Number:**

**Position Title:**

The following parties acknowledge that the annual review for the position described above was conducted on the date indicated. A copy of any written evaluation materials including relevant documentation have been placed in the employee's departmental personnel file. Please attach a copy of the evaluation to this form before submitting.

Updated position descriptions should be filed with Human Resource Services.

**Signatures:**

\_\_\_\_\_  
**Employee**

**Date**

\_\_\_\_\_  
**Supervisor**

**Date**

Completed, signed, and dated forms should be sent to [SPSEvaluations@niu.edu](mailto:SPSEvaluations@niu.edu) by Oct. 31, 2023.