

**The University of Georgia  
College of Agricultural and Environmental Sciences**

Department/Unit \_\_\_\_\_

**Notification of Completion of Faculty Evaluations**

I certify that faculty evaluations have been completed for each faculty member in my area of responsibility and the evaluations have been reviewed with each faculty member and the appropriate administrator(s). The evaluation forms will be treated as confidential and a copy will be retained in the department/unit file.

\_\_\_\_\_  
Signature of Appropriate Administrator, Title, Date

**Note:** Please return this form to CAES Employee Relations, 203B Conner Hall, by June 30<sup>th</sup> of each year.