UW-Madison Assessment and Evaluation Plan



When to use this form?		This form documents the steps of the assessment and evaluation process used during the hiring process.								
Contact with questions:		Division Human Resources Representative								
Submit completed form to:		Division Human Resources Representative								
POSITION INFORM	MATI	ION								
Hiring Unit: UDDS				Department Name						
Position Title		CHRIS Position Vacancy ID/PVL #								
Hiring Administrator	Last Name				First Name					
	Phone Number			Em	Email Address					
Close Date of Applicat	l tion:		DD		MM				YYYY	
HIRING SUPERVIS Hiring supervisor/man screening and second If multiple employees If multiple employees	ager r lary so or a s	responsible for p creening/intervie earch committee	ew process:e (were/will be)							pate in:
PRIMARY SCREE! (Please attach addition) What non-discriminatory	itiona	al documenta	tion if necess	• ,		een tl	he pool (e.g.	minimum re	equirements)?	
What method (e.g. inter criteria equitably?										

SECONDARY SCREEN (if necessary)



(Please attach additional documentation if necessary) What non-discriminatory job related criteria (were/will be) utilized in the secondary screen? Please explain the method used for the secondary screen process. **INTERVIEW** (required) (Please attach additional documentation if necessary) What non-discriminatory job related criteria (were/will be) utilized in the interview? Please describe interview process (include number of rounds, interview format, description of interview, etc.)