



CONFIDENTIAL
Revised 2/8/2017

Staff Performance Appraisal Form B

The purpose of this appraisal form is to provide a written record for the staff member and the supervisor on the nature of the staff member's job and performance in it. Supervisors are urged to be frank in their evaluations both for the benefit of the staff member and for the accuracy of this appraisal record. This appraisal will become a part of the staff member's personal file.

Staff Member	Job Title	Department/Office
Supervisor	Appraisal Period	Date of Appraisal
<p>I. MAJOR RESPONSIBILITIES: List the major responsibilities of the staff member's position in approximate order of importance. After you complete this section, forward this form to your supervisor.</p>		
<p>Sections II, III, and IV are to be completed by the supervisor.</p>		
<p>II. SUPERVISOR'S REVIEW OF RESPONSIBILITIES: Review the above list of major responsibilities and note your concurrent or comment on any additions, deletions, or changes in priority that you feel are appropriate.</p>		

III. PERFORMANCE FACTOR RATINGS: Using the following definitions, check the box that most closely describes the staff member's performance for each of the required performance factors. If a performance factor does not apply, please leave blank.

1. **EXCEPTIONAL:** Contributions and excellent work are widely recognized. Performance consistently exceeds all defined expectations, producing important and impactful results through superior planning, executing, and creativity.
2. **HIGHLY EFFECTIVE:** Most performance objectives exceed expectations. Projects and objectives are completed in a manner that expands the scope and impact of the assignment and increases the impact on the business. The employee is viewed as having made notable contributions to the department.
3. **EFFECTIVE:** Performance is competent and effective along established expectations, initiative, resourcefulness and good judgment are consistently exercised. Employee makes a solid, reliable and meaningful contribution to the department.
4. **IMPROVEMENT REQUIRED:** Performance falls below expectations on one or more job requirements and responsibilities. A performance improvement plan may be appropriate.

Factors 1-6 are to be completed for all biweekly- and monthly-paid non-faculty staff.

Performance Factor	Exceptional	Highly Effective	Effective	Improvement Required
1. QUALITY OF WORK Consider accuracy, thoroughness, effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. FLEXIBILITY Consider performance under pressure and handling of multiple assignments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. INITIATIVE Consider the extent to which the employee sets own constructive work practice and recommends and creates own procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. DEPENDABILITY Consider the extent to which the employee completes assignments on time and carries out instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. INTERPERSONAL RELATIONS Consider the extent to which the employee is cooperative, considerate, and tactful in dealing with supervisors, subordinates, peers, faculty, students and others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. SAFETY COMPLIANCE The degree to which the employee complies with or oversees the compliance with University safety rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The following factors are also to be completed for supervisory personnel and members of the administrative staff.				
7. ORGANIZATION To what extent are projects well conceived, analyzed, and carried out systematically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. COMMUNICATIONS ABILITIES Are the individual's thoughts expressed clearly and Concisely? a. Written b. Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. FACING ISSUES How well does the individual come to grips with unpleasant issues and seek to solve them by constructive action at the employee's own level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. UTILIZATION OF RESOURCES The degree to which the individual has utilized funds staff or equipment economically and effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. STAFF DEVELOPMENT The extent to which the individual provides guidance and opportunities to staff members for their development and advancement in the University (supervisors only).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. DIVERSITY AND INCLUSION The extent to which the individual applies the University's philosophy of equity, diversity, and inclusion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Supervisor: Sign and give this form to your staff member.

V. Staff member: Sign and return this form to your supervisor within 48 hours of its receipt.

Date: _____

VI. Reviewer's signature

Date: _____

Return form to rating supervisor.