

Last Name: _____

Last Four of SSN: _____

2. Essential Functions:

Job Standards:

PERCENT	multiplied by	RATING	equals	TOTAL RATING
	X		=	

Rating Scale: 1=Rarely Met Job Standards 2=Sometimes Met Job Standards 3=Met Job Standards 4=Occasionally Exceeded Job Standards
5=Consistently Exceeded Job Standards and/or Performed Significant Assignments in Addition to Regular Essential Functions

Comments (required):

3. Essential Functions:

Job Standards:

PERCENT	multiplied by	RATING	equals	TOTAL RATING
	X		=	

Rating Scale: 1=Rarely Met Job Standards 2=Sometimes Met Job Standards 3=Met Job Standards 4=Occasionally Exceeded Job Standards
5=Consistently Exceeded Job Standards and/or Performed Significant Assignments in Addition to Regular Essential Functions

Comments (required):

4. Essential Functions:

Job Standards:

PERCENT	multiplied by	RATING	equals	TOTAL RATING
	X		=	

Rating Scale: 1=Rarely Met Job Standards 2=Sometimes Met Job Standards 3=Met Job Standards 4=Occasionally Exceeded Job Standards
 5=Consistently Exceeded Job Standards and/or Performed Significant Assignments in Addition to Regular Essential Functions

Comments (required):

5. Essential Functions:

Job Standards:

PERCENT	multiplied by	RATING	equals	TOTAL RATING
	X		=	

Rating Scale: 1=Rarely Met Job Standards 2=Sometimes Met Job Standards 3=Met Job Standards 4=Occasionally Exceeded Job Standards
 5=Consistently Exceeded Job Standards and/or Performed Significant Assignments in Addition to Regular Essential Functions

Comments (required):

Overall Rating

Last Name: _____
Last Four of SSN: _____

Add up all TOTAL RATING scores to determine the OVERALL RATING:

Supervisor Comments:

Employee Comments:

Attachments: Self-Evaluation Performance Improvement Plan*

*A rating of 1 or 2 for any Essential Function requires the completion of a Performance Improvement Plan by the supervisor and the employee. Attach a copy of Sections One and Two of the Performance Improvement Plan to this Performance Evaluation Form and forward to Human Resources.

** Employee Signature: _____ Date: ____/____/____

Immediate Supervisor Signature: _____ Date: ____/____/____

Next Level Supervisor Signature: _____ Date: ____/____/____

Note: When the Performance Evaluation form is completed and signed, provide a copy to the employee, retain a copy for department file, and send original to Human Resources Records, Room 21 Scovell Hall, 0064.

** Employee's signature does not eliminate the right to address questions or concerns about the content of the evaluation through the appropriate departmental chain of command.