

PERFORMANCE EVALUATION FORM SUPPORT STAFF

Date: _____

Name: _____ Position Title: _____

Department: _____ Immediate

Supervisor/Title: _____

Department Head/Title: _____ Review Period: ___ Probationary ___ Annual

INSTRUCTIONS: This form will be completed at the end of an employee's probationary period and annually thereafter by the employee's immediate supervisor. The supervisor may also ask the employee to complete a self-appraisal. The supervisor's evaluation is to be reviewed by his/her immediate supervisor. Once the review has been conducted, a copy is given to the employee, a copy retained by the supervisor, and the original sent to Human Resources.

Rate the employee's performance relative to time in position by checking the most appropriate rating. Make an explanatory comment to support your rating, and where possible cite specific examples of behavior that led to the rating. When performance does not meet expectations, list specific goals for improvement and the date you expect them to be achieved.

	Not Applicable	Does not Meet Expectations	Meets Expectations	Exceeds Expectations	Comments
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Job Knowledge: The extent to which the incumbent is familiar with policies and procedures applicable to the position and able to work independently.

_____	_____	_____	_____	_____	
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Productivity: The volume of acceptable work produced. Ability to organize and prioritize work; utilize time well and fully meet deadlines.

_____	_____	_____	_____	_____	
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Quality: The ability to complete work accurately and neatly to meet quality standards.

_____	_____	_____	_____	_____	
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Responsibility/Initiative: Acceptance and fulfillment of work assignments, leadership, intelligent decision making.

_____	_____	_____	_____	_____	
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Relationships: The ability to establish and maintain effective relationships with others with whom interaction is required in the performance of the position.

_____	_____	_____	_____	_____	
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Adaptability/Resourcefulness:

The ability to adjust to change with a minimum of disruption to productivity. Ability to contribute useful ideas for improved performance of the position.

_____	_____	_____	_____	_____	
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Attendance/Punctuality:

Absences in this review period: _____ days; _____ occurrences.
Latenesses in this review period: _____ occurrences.

Supervisory Skills:

The ability To get effective results from others.

_____	_____	_____	_____	_____	
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Overall Evaluation _____

Comments by Immediate Supervisor. (Please include (a) rationale for your overall evaluation, (b) key strengths of the employee, (c) any ways in which the employee needs to improve, and (d) what the employee has accomplished during this review period to prepare for greater effectiveness in the present position and/or prepare for more responsibility. Add extra sheets if necessary.)

In the upcoming review period, what should this employee do to develop greater effectiveness in the current position and/or prepare for greater responsibilities? (Consider coursework, self study, reading materials, etc.)

Name _____ Signature _____
Title _____ Date: _____

Comments by Dean, Director, Department Head, or Manager. (Please comment on the employees performance from your Perspective. Add extra sheets is necessary.)

Name _____ Signature _____
Title _____ Date: _____

Comments by Appraised Employee. My performance has been discussed with me as described in this appraisal. (Please feel free to add any comments you have concerning your performance, your development, or your review. If you wish, you may give these comments directly to your supervisor, in writing, within the next five (5) working days. Add extra sheets as necessary.)

Name _____ Signature _____
Title _____ Date: _____
