

# CSS Performance Evaluation

Probationary

Interim

Annual

Employee Name:

Department:

Employee Banner ID:

Job Title:

Supervisor Name:

Eval. Dept Head Name:

Based upon review of Core Work Values and Position Description, please rate the employee in the following areas:

## 1. CORE WORK VALUES

Does employee demonstrate behaviors that "Meets Expectations" as outlined in the Core Work Values?

Yes

No

\* If no, indicate improvement needed and resources that will be provided to employee. (Be specific.)

## 2. JOB DUTIES

Does employee perform job duties that "Meets Expectations" as outlined in the Position Description?

Yes

No

\* If no, indicate improvement needed and resources that will be provided to employee. (Be specific.)

## 3. PROFESSIONAL DEVELOPMENT

\*Provide information regarding any professional development that the employee has expressed interest in or the supervisor has recommended for the employee:

## 4. SECONDARY EMPLOYMENT

Does employee have secondary employment?

Yes

No

If Yes, complete the Secondary Employment form per hyperlink.

## 5. OVERALL RATING

\*Supervisor comments:

\*Employee Comments:

**Note:** By signing below, Employee is **not** indicating agreement with the evaluation, but is indicating that the evaluation has been discussed with Employee and Employee agrees to abide by all ECU policies and Employee Expectations.

Supervisor Signature \_\_\_\_\_

Date: \_\_\_\_\_

Eval Dept Head Signature \_\_\_\_\_

Date: \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date: \_\_\_\_\_

\*If the number of words typed into any Comments sections exceeds the space allowed, please attach an additional sheet with your comments and put in the Comments section, "See Attached".