



To be completed by the supervisor. Review prior evaluation (if applicable) and job description.

**SECTION II: PERFORMANCE DESCRIPTORS**

Using the following definitions, check the box that most closely describes the staff member's performance for each of the applicable performance factors. If a performance factor does not apply, please enter n/a. After each performance factor a space is provided for comments about the checked evaluation.

**EXCEPTIONAL:** Contributions and excellent work are widely recognized. Performance consistently exceeds all defined expectations, producing important and impactful results through superior planning, execution and creativity.

**HIGHLY EFFECTIVE:** Most performance objectives exceed expectations. Projects and objectives are completed in a manner that expands the scope and impact of the assignment. The employee is viewed as having made notable contributions to the department.

**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.

**SOME IMPROVEMENT REQUIRED:** Performance falls below expectations on one or two job requirements and responsibilities. A performance improvement plan should be created.

**MAJOR IMPROVEMENT NEEDED:** Performance falls below expectations on several critical job requirements and responsibilities. Without significant improvement, reassignment, demotion or separation may be indicated. *A performance improvement plan must be instituted, or already be in place.*

**PERFORMANCE FACTORS:** 1 – 12 are to be completed for all staff members. If a factor does not apply, please enter n/a.

Please use Section III to discuss a factor(s) noted as Some Improvement Required. A factor noted Major Improvement Required should be addressed in a work plan.

PERFORMANCE FACTOR	MAJOR IMPROVEMENT REQUIRED	SOME IMPROVEMENT REQUIRED	EFFECTIVE	HIGHLY EFFECTIVE	EXCEPTIONAL
<b>1. QUALITY OF WORK /PRODUCTIVITY</b> Consider accuracy, thoroughness, effectiveness, efficiency and timeliness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMENTS:</b>					
<b>2. FLEXIBILITY</b> Consider performance under pressure, handling of multiple assignments and adaptability to change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMENTS:</b>					
<b>3. INITIATIVE</b> 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"/>	<input type="checkbox"/>
<b>COMMENTS:</b>					
<b>4. DEPENDABILITY</b> Consider the extent to which the employee completes assignments on time, carries out instructions and adheres to established work schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMENTS:</b>					

<b>5. INTERPERSONAL RELATIONS</b> 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"/>	<input type="checkbox"/>
<b>COMMENTS:</b>					
<b>6. CUSTOMER FOCUS</b> The degree to which the staff member attempts to understand and respond to customers, both internal and external to the department and College.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMENTS:</b>					
<b>7. TEAM WORK/COLLABORATION</b> The degree to which the staff member considers and works with others, intra and inter departmentally to produce outcomes that are beneficial to as large a customer-base as relevant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMENTS:</b>					
<b>PERFORMANCE FACTOR</b>	<b>MAJOR IMPROVEMENT REQUIRED</b>	<b>SOME IMPROVEMENT REQUIRED</b>	<b>EFFECTIVE</b>	<b>HIGHLY EFFECTIVE</b>	<b>EXCEPTIONAL</b>
<b>8. TECHNOLOGY SKILLS</b> The degree to which the staff member effectively uses or incorporates technology to improve provision of service/accomplish assigned tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMENTS:</b>					
<b>9. SAFETY COMPLIANCE</b> The degree to which the staff member complies with or oversees the compliance with College safety rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMENTS:</b>					
<b>10. ORGANIZATION</b> Consider the extent projects are well conceived, analyzed, and carried out systematically.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMENTS:</b>					
<b>11. COMMUNICATION</b> Consider the extent to which the individual's thoughts are expressed clearly and concisely in writing and orally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMENTS:</b>					
<b>12. FACING ISSUES</b> Consider how well the individual comes to grips with unpleasant issues and seeks to solve them by constructive action at his or her own level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMENTS:</b>					



**SECTION IV: AGREED UPON GOALS** (Supervisor completes after discussion with staff member.)

List the performance goals that you have agreed upon for the coming review period, and how they will be measured.

\_\_\_\_\_  
**SUPERVISOR'S SIGNATURE**

\_\_\_\_\_  
**Date**

Review with the staff member, allow the staff member to comment, then forward to your supervisor for review and signature

To be signed by the staff member after the supervisor has entered his/her comments, the agreed upon goals, signed and dated.

**SECTION V: STAFF MEMBER'S COMMENTS AND SIGNATURE**

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**STAFF MEMBER'S SIGNATURE:**

\_\_\_\_\_  
**Date**

**Please sign and return original to your supervisor.**

Note to employee: You are being asked to sign your evaluation to indicate you reviewed it and are aware of how your supervisor evaluated your performance during the year. By signing the form, you do not necessarily imply that you agree with the evaluation, but rather you acknowledge that you have seen it. If you do not agree with the evaluation, you are encouraged to reply in writing, either on the reverse of this form or on additional pages. The signed evaluation and any written response become a part of your employment record.

**SECTION VI: REVIEWER'S COMMENTS** (if applicable, otherwise enter n/a.)

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**REVIEWER'S SIGNATURE**

\_\_\_\_\_  
**Date**