EMPLOYEE PERFORMANCE EVALUATION

##

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employee’s Name:** |  | **Evaluated By:** |  | **Reviewed By:** |  |
| **Title:** |  | **Title:** |  | **Title:** |  |
| **Employee ID Number:** |  | **Date:** |  | **Date:** |  |
| **Review Period:** |  | **Human Resources:** |  | **Date:** |  |

**Instructions**

## Attach a current position description; if applicable, make note of any significant changes since last year's review.

## If performance goals were set at the last review, attach a copy of these goals and comment on employee's progress.

## Provide objective, evidential feedback and justification where applicable.

## Select appropriate rating for each performance competency, according to the position description.

## Include quarterly review remarks in the designated section.

| ***Performance Competencies*** *(Depending on position, some competencies may be more relevant than others.)* |
| --- |
| **Exceptional:** | Performance is consistently superior and significantly exceeds position requirements. | **Exceptional** | **Highly Effective** | **Proficient** | **Inconsistent** | **Unsatisfactory** | **New/Not Applicable** |
| **Highly Effective:** | Performance frequently exceeds position requirements. |
| **Proficient:** | Performance consistently meets position requirements. |
| **Inconsistent:** | Performance meets some, but not all position requirements. |
| **Unsatisfactory:** | Performance consistently fails to meet minimum position requirements; employee lacks skills required or fails to utilize necessary skills. |
| **New/Not Applicable:** | Employee has not been in position long enough to demonstrate the essential elements of the position and will be reviewed at a later agreed upon date. |
| 1. Key Duty and Responsibility:        | Performance Feedback *(information-specific, issue-focused, and based on observations)*:       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 2. Key Duty and Responsibility:       | Performance Feedback *(information-specific, issue-focused, and based on observations)*:       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 3. Key Duty and Responsibility:        | Performance Feedback *(information-specific, issue-focused, and based on observations)*:       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 4. Key Duty and Responsibility:        | Performance Feedback *(information-specific, issue-focused, and based on observations)*:       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 5. Key Duty and Responsibility:        | Performance Feedback *(information-specific, issue-focused, and based on observations)*:       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 6. Key Duty and Responsibility:        | Performance Feedback *(information-specific, issue-focused, and based on observations)*:       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |

| ***Performance Competencies Continued*** *(Depending on position, some competencies may be more relevant than others.)* |
| --- |
| **Exceptional:** | Performance is consistently superior and significantly exceeds position requirements. | **Exceptional** | **Highly Effective** | **Proficient** | **Inconsistent** | **Unsatisfactory** | **New/Not Applicable** |
| **Highly Effective:** | Performance frequently exceeds position requirements. |
| **Proficient:** | Performance consistently meets position requirements. |
| **Inconsistent:** | Performance meets some, but not all position requirements. |
| **Unsatisfactory:** | Performance consistently fails to meet minimum position requirements; employee lacks skills required or fails to utilize necessary skills. |
| **New/Not Applicable:** | Employee has not been in position long enough to have demonstrated the essential elements of the position and will be reviewed at a later agreed upon date. |
| 1. Punctuality and attendance
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. Appearance meets department standards
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. Consistency in work and performance
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. Verbal and written communication skills
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. Position knowledge
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| 1. Adherence to Federal, State, and University policies and procedures
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **Overall performance related to the aforementioned duties and responsibilities:** | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| ***Justification*** (ratings of Exceptional and Unsatisfactory must be supported with a detailed justification.)      |

|  |
| --- |
| ***Quarterly Review Remarks*** *(Please provide the dates and a brief overview of quarterly reviews*) |
| 1. Date:      Performance Feedback *(information-specific, issue-focused, and based on observations)*:       |
| 2. Date:      Performance Feedback *(information-specific, issue-focused, and based on observations)*:       |
| 3. Date:      Performance Feedback *(information-specific, issue-focused, and based on observations)*:       |

|  |
| --- |
| ***2017 Goals*** *(Please discuss last year’s goals and whether they were met, or if they were changed*) |
| 1.        |
| 2.       |
| 3.       |

|  |
| --- |
| ***2018 Goals*** *(Please work together to choose three goals for 2018. Goals can center around departmental goals, process improvement, or professional development*) |
| 1.        |
| 2.       |
| 3.       |

**To The Employee:** You are required to sign below to indicate **ONLY** that you have had opportunity to discuss to this evaluation, in addition to the quarterly reviews, occurring on      ,      , and      , with your supervisor. Your signature does not indicate that you agree with the evaluation. Employees are encouraged to voice their comments in the space provided.

**Employee Signature:** **Date:**

**Supervisor Signature:**  **Date:**

***Employee Comments:***