EMPLOYEE PERFORMANCE EVALUATION

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| **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.) | | | | | | | |

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| ***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)*: |

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

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| ***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:***