**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 Does not Meet Meets Exceeds

 Applicable Expectations Expectations Expectations Comments

**Job Knowledge:** The extend

to which the incumbent is familiar

with policies and procedures

applicable to the position and able

to work independently. \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**Productivity:** The volume of

acceptable work produced. Ability

to organize and prioritize work; utilize

time well and fully meet deadlines. \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**Quality:** The ability to complete

work accurately and neatly to meet

quality standards. \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**Responsibility/Initiative:**

Acceptance and fulfillment of work

assignments, leadership, intelligent

decision making. \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**Relationships:** The ability to

establish and maintain effective

relationships with others with whom

interaction is required in the

performance of the position. \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

## **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. \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**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. \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

## **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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