

Name \_\_\_\_\_ Department \_\_\_\_\_

Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Date of Hire \_\_\_\_\_ Time in Position \_\_\_\_\_

Review period \_\_\_\_\_ Review Date \_\_\_\_\_

**Performance Rating Criteria**

- 1) **Exceeds Expectations:** Employee consistently performs job requirements with exceptional skill and knowledge. Employee has made significant additional contributions beyond the scope of their regular job duties and responsibilities and has exceeded desired results of position.
  - 2) **Meets Expectations:** Employee’s performance consistently meets the essential functions of their job duties, responsibilities and requirements. Employee’s work is fully effective, reliable, and of good quality.
  - 3) **\*Partially Meets Expectations:** Employee’s performance is generally satisfactory, but employee does not use or apply skills and knowledge consistently. A plan for improvement in areas of inconsistency is necessary.
  - 4) **\*Does Not Meet Expectations:** Employee’s performance is consistently below the requirements of the position. Immediate corrective action is necessary.
- \* Managers and Supervisors should consult with Human Resources Employee Relations Unit prior to issuing a Partially Meets or Does Not Meet Expectations.

**Not Applicable (N/A):** This performance standard does not apply to the employee’s position.

Please refer to the employee’s job description to complete this section and list the *Essential Functions* below – or attach the job description and make sure the *Essential Function* ratings match those on the form. Choose only one rating category from above that best reflects the employee’s performance during the review period for that *Essential Function*. Click on the circle that corresponds to the rating chosen.

1. **Essential Function:** \_\_\_\_\_ Rating      1      2      3      4

2. **Essential Function:** \_\_\_\_\_ Rating      1      2      3      4

**3. Essential Function:** Rating 1 2 3 4

**4. Essential Function:** Rating 1 2 3 4

**5. Essential Function:** Rating 1 2 3 4

**6. Essential Function:** Rating 1 2 3 4

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For each factor, choose a rating category that best reflects the employee's performance during the review period for that specific factor. Click on the circle that corresponds to the above rating chosen.

**1. Job knowledge, skills & expertise** 1 2 3 4 NA

*Comments:*

**2. Meeting set objectives/tasks** 1 2 3 4 NA

*Comments:*

<b>3. Written &amp; oral communication</b>	1	2	3	4	NA
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*Comments:*

<b>4. Collaboration and service orientation</b>	1	2	3	4	NA
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*Comments:*

<b>5. Judgment &amp; decision making</b>	1	2	3	4	NA
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*Comments:*

<b>6. Problem solving</b>	1	2	3	4	NA
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*Comments:*

<b>7. Initiative</b>	1	2	3	4	NA
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*Comments:*

<b>8. Attendance and dependability</b>	1	2	3	4	NA
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*Comments:*

<b>9. Commitment, dedication &amp; motivation</b>	1	2	3	4	NA
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*Comments:*

<b>10. Planning &amp; organizing</b>	1	2	3	4	NA
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*Comments:*

<b>11. Supervision and leadership</b>	1	2	3	4	NA
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*Comments:*

<b>12. Other:</b>	1	2	3	4	NA
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*Comments:*

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Please describe areas of major contribution, accomplishments and strengths:

Please outline areas of development for career growth and success:

Please outline goals and objectives for the next review period:

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OVERALL RATING *(please select one rating that best reflects the individual ratings and narrative)*

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Exceeds Expectations

Partially Meets Expectations

Meets Expectations

Does Not Meet Expectations

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Employee Comments (Optional):

Please meet with employee and discuss their evaluation along with the employee's completed *Employee Pre-Review Input form*. Please sign the form, have the employee sign the form and the Dean or VP in your area. Maintain a copy of the form for your records and return the form to the Office of Human Resources for the employee's personnel form.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Your signature indicates only that you have read and discussed this performance evaluation with your supervisor. It does not necessarily indicate agreement with its contents.)*

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean/Vice President's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_