|  |
| --- |
| Employee Name: Click here to enter text. |
| Job Title: Click here to enter text. |
| Department/School: Click here to enter text. |
| Supervisor (reviewer) Name: Click here to enter text. |
| Review Period: Click here to enter text. |
|  |
|  |
| **INTRODUCTION** |
| **Overall Performance Rating** Check One  |  |
| Consistently Exceeds Expectations (Exceptional Performance)Meets and Often Exceeds ExpectationsSuccessfully Meets ExpectationsMeets Minimum Expectations (Improvement Needed in Key Areas) Fails To Meet Expectations (Plan of Assistance is Required) |
|  |
| **REVIEW OF GOALS/OBJECTIVES***(Completion optional, based on position)* |
| *Record goals/objectives from the previous review period. Also, describe changes (if any) to original goals/objectives.* |
| Goal/Objective 1: Click here to enter text. |
| Comments: Click here to enter text. |
| Goal/Objective 2: Click here to enter text. |
| Comments: Click here to enter text. |
| Goal/Objective 3: Click here to enter text. |
| Comments: Click here to enter text. |
|  |
| **COMPETENCIES – ALL EMPLOYEES** |
| *Check mark the appropriate box for each competency and* ***provide the Supporting Comments*** *necessary to substantiate the selected rating by providing specific examples of actual performance.* |
| **Competency** | **Consistently Exceeds Expectations** | **Meets and Often Exceeds Expectations** | **Successfully Meets Expectations** | **Meets Minimum Expectations (Improvement Needed in Key Areas)** | **Fails to Meet Expectations (Plan of Assistance is Required)** | **Supporting Comments** |
| **Functional Expertise/ Technical Experience** |  |  |  |  |  | Click here to enter text. |
| **Communication** |  |  |  |  |  | Click here to enter text. |
| **Customer Service** |  |  |  |  |  | Click here to enter text. |
| **Innovation** |  |  |  |  |  | Click here to enter text. |
| **Ethics/ Integrit/ Professionalism** |  |  |  |  |  | Click here to enter text. |
| **Learning and Development/****Self-Improvement** |  |  |  |  |  | Click here to enter text. |
| **Quality Results** |  |  |  |  |  | Click here to enter text. |
| **Teamwork/****Attitude/****Cooperation** |  |  |  |  |  | Click here to enter text. |

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| **SUPERVISORY / MANAGEMENT COMPETENCIES** |
| *Check mark the appropriate box for each competency and* ***provide the Supporting Comments*** *necessary to substantiate the selected rating by providing specific examples of actual performance.* |
| **Competency** | **Consistently Exceeds Expectations** | **Meets and Often Exceeds Expectations** | **Successfully Meets Expectations** | **Meets Minimum Expectations (Improvement Needed in Key Areas)** | **Fails to Meet Expectations (Plan of Assistance is Required)** | **Supporting Comments** |
| **Coaching & Training** |  |  |  |  |  | Click here to enter text. |
| **Influence & Advocacy** |  |  |  |  |  | Click here to enter text. |
| **Leadership** |  |  |  |  |  | Click here to enter text. |
| **Planning & Organizing** |  |  |  |  |  | Click here to enter text. |

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| **Employee Performance Evaluation SUMMARY** |
| *Use the space below to summarize the employee’s performance in the last review period. When providing comments, consider the employee’s performance against goal/objectives, key issues from the competencies above, and strengths/potential improvements.* |
| **Significant Accomplishments / Opportunities for Improvement or other:**  |
| Comments: Click here to enter text. |
| *Use the space below to make comments regarding your performance evaluation. Or, attach a separate comment sheet or self-appraisal document.* |
| **Employee Comments:** |
| Comments: Click here to enter text. |
|  |
| **SIGNATURE SECTION** |
| Click here to enter text. | Click here to enter a date. |
| *Employee Signature\** | *Date* |
| Click here to enter text. | Click here to enter a date. |
| *Supervisor/Reviewer Signature* | *Date* |
| Click here to enter text. | Click here to enter a date. |
| *Next Level Supervisor Signature* | *Date* |
| *\*Employee's signature does not signify agreement, but only that the evaluation has been seen by and**discussed with the employee* |

Original: Human Resources Copy 1: Employee Copy 2: Supervisor

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| **FUTURE PLANNING** |

**NEXT YEAR: PERFORMANCE GOALS/OBJECTIVES**

(Completion optional, based on position)

*Record goals/objectives to be used for the next review period.*

|  |  |
| --- | --- |
| Goal/ Objective 1  | Click here to enter text. |
| Comments  | Click here to enter text. |

|  |  |
| --- | --- |
| Goal/Objective 2 | Click here to enter text. |
| Comments | Click here to enter text. |

|  |  |
| --- | --- |
| Goal/Objective 3 | Click here to enter text. |
| Comments | Click here to enter text. |

|  |  |
| --- | --- |
| Goal/Objective 4 | Click here to enter text. |
| Comments | Click here to enter text. |

**NEXT YEAR: PERSONAL DEVELOPMENT GOALS/OBJECTIVES**

*(Completion optional, based on position)*

*Record personal development goals/objectives the employee would like to set.*

|  |  |
| --- | --- |
| Goal/ Objective 1  | Click here to enter text. |
| Comments  | Click here to enter text. |

|  |  |
| --- | --- |
| Goal/Objective 2 | Click here to enter text. |
| Comments | Click here to enter text. |

|  |  |
| --- | --- |
| Goal/Objective 3 | Click here to enter text. |
| Comments | Click here to enter text. |

|  |  |
| --- | --- |
| Goal/Objective 4 | Click here to enter text. |
| Comments | Click here to enter text. |