

PERFORMANCE APPRAISAL

Name of Employee	Position Title	Rating Period
Name of Reviewer	Department/Division	Date of Review

Please be as specific as possible and use as much space as necessary. Page will expand as you type.

1. What is expected of the employee? What is their role?

2. Overall, at what level is the employee performing? (Outstanding, Highly Satisfactory, Satisfactory, Needs Improvement or Unsatisfactory) See definitions (below.)

3. What areas of improvement (if any) are required?

4. What are the goals to be achieved in the coming year?

5. Other comments not addressed above:

6. EMPLOYEE COMMENTS:

Reviewer Signature

Date

Employee Signature*

Date

Senior Administrator Signature

Date

*My signature indicates that I have read and understand this review, and does not indicate agreement

RATINGS CRITERIA DEFINITIONS

(U) UNSATISFACTORY	Does not meet objectives. Considerable improvement is required.
(NI) NEEDS IMPROVEMENT	Sometimes meets objectives. Sometimes falls short. Improvement is required.
(S) SATISFACTORY	Consistently meets objectives. Uses ability and experience to produce results expected from qualified employee.
(HS) HIGHLY SATISFACTORY	Consistently meets, sometimes exceeds objectives. Is a superior performer who actively contributes to achievement of institutional goals.
(O) OUTSTANDING	Consistently exceeds objectives. Constantly strives for improvement in performance. An extraordinary performer in all respects.