

## PERFORMANCE APPRAISAL

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

### 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 a 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.

RATING FACTORS	RATING	PERFORMANCE SINCE LAST REVIEW	ILLUSTRATIVE EXAMPLES
Quantity Of Work/Productivity		Improved No Change Declined	
Quality Of Work		Improved No Change Declined	
Job Knowledge		Improved No Change Declined	
Personal Factors (Dependability, Initiative, Adaptability, Attendance, Cooperation, Attitude, Judgment)		Improved No Change Declined	
Customer Service/ Communications		Improved No Change Declined	
Safety		Improved No Change Declined	
Planning/Problem Solving		Improved No Change Declined	
OVERALL		Improved No Change Declined	

Has the individual completed all required annual trainings?

☐ Yes

☐ No

**Please summarize employee's areas of strength:**

**Please summarize areas where improvement is desirable or where skill or personal development is possible:**

**What specific steps should be taken to improve performance or develop personal or job skills? How does the supervisor propose to assist in this improvement?**

**In what ways has employee met goals identified in previous performance appraisal or goal setting session?**

**Goals for the new rating period:**

**Other comments not addressed above:**

**Employee Comments:** \_\_\_\_\_

\_\_\_\_\_  
Reviewer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Senior Administrator Signature

\_\_\_\_\_  
Date