

Employee Performance Evaluation

Employee Name:	Title:
SSN/Datatel ID#:	Time in Position:
Evaluation Period:	Department:
Date Evaluation Administered:	Supervisor Name:
Type of Evaluation: <input type="checkbox"/> Annual <input type="checkbox"/> Initial Training <input type="checkbox"/> Interim	

Ratings


- 3 = Consistently Exceeds Expectations** Consistently exceeded achieving most or all job expectations by performing extra duties and/or working at a level that goes above and beyond the position requirements.
- 2 = Meets Expectations** Achieved most or all job expectations mutually agreed upon by the supervisor and the employee.
- 1 = Needs Improvement** Failed to achieve most or all expectations mutually agreed upon by the supervisor and the employee

SECTION A (50% weighting)

KEY RESPONSIBILITIES Taken from the essential job functions section of the job description and/or from other objectives directly associated with the job	RESULTS Description of the employee's actual performance. (Input required for each responsibility)	RATING (1, 2 or 3) for each key responsibility identified
1.		
2.		
3.		
4.		
5.		
6.		

<p align="center">OTHER RESPONSIBILITIES</p> <p>Unique or special responsibilities assigned during the evaluation period.</p>		
1.		
2.		
		<p align="center">Rating in Section A</p> <p>(Add the individual ratings given to each responsibility and divide the total number by the number of ratings given. Enter the number here. DO NOT ROUND UP)</p>

SECTION B (50%weighting)

<p align="center">GENERAL COLLEGE COMPETENCIES</p> <p>Standards for <i>how</i> employees are expected to accomplish tasks. These competencies are the same for all employees.</p>	<p align="center">RESULTS</p> <p>Description of the employee's actual performance. (Input required for each responsibility)</p>	<p align="center">Rating (1, 2 or 3)</p>
<p>1. Punctuality and Dependability - Arrives to and departs from work on-time. Completes tasks efficiently and on-time.</p>		
<p>2. Communication – Effectively listens and communicates with students, staff, faculty and external customers in a professional and courteous manner.</p>		
<p>3. Initiative – Willingly and effectively acts independently to get work accomplished for own responsibilities as well as those of other areas. Takes personal responsibility for continuous learning of new concepts, skills and experiences.</p>		
<p>4. Results Oriented – Identifies problems and recommends solutions that add value to the institution.</p>		
<p>5. Cooperation and Teamwork – Establishes and maintains relationships with students, staff, faculty and external customers. Works well with employees at all levels.</p>		
<p>6. Knowledge of and adherence to institutional policies – Understands and follows all applicable institution policies and procedures. Communicates institution policies and procedures as needed.</p>		

	Rating in Section B (Add the individual ratings given to each competency and divide by 5. Enter the number here. DO NOT ROUND UP. Do not insert a rating for the 6th competency.)	
Direct Supervisor Comments: (Document the employee's Key Strengths and Opportunities for Improvement)		
2nd Level Manager Comments: (Document the employee's Key Strengths and Opportunities for Improvement)		
(Add the Overall Rating from Section A and B. Divide by 2. Enter the number in the next column. Only round up the number to the nearest whole number if the rating contains a fraction of .6 or higher, e.g., round 1.67 to 2, 2.7 to 3. Round down if the rating includes a fraction less than .6)		Overall Rating

Signature of Direct Supervisor (required before given to employee):

Signature of 2nd Level Manager (Supervisor's manager must sign before given to employee):

Name and Title

Date

Name and Title

Date

Signature of Dean or Division Director – Only needed if Dean or Division Director did not sign above (Signature required before given to employee):

Name and Title

Date

Employee Comments:

Employee Signature:

(Employee's signature below does not indicate agreement with the evaluation but that the employee has read and understands the evaluation.)

Employee Name and Title

Date

Signature of Director, Human Resource Management required for needs improvement evaluation:

Name and Title (Director, Human Resource Management) Date