# Annual Performance Review

Supervisory Staff

Employee Name:

Review Period: January 1, 2017-December 31, 2017

Instructions

For each performance criteria, select the rating that most closely summarizes the employee’s overall performance during the course of the review period. For exceptional or unsatisfactory ratings, be sure to write a narrative citing specific supporting examples.

Rating Scale

*Level 5: Exceptional*

Performance far exceeded expectations due to exceptionally high quality of work performed in all essential areas of responsibility, resulting in an overall quality of work that was superior; and either 1) included the completion of a major goal or project, or 2) made an exceptional or unique contribution in support of unit, department, or University objectives. This rating is achievable by any employee though given infrequently.

*Level 4: Exceeds expectations*

Performance consistently exceeded expectations in all essential areas of responsibility, and the quality of work overall was excellent. Annual goals were met.

*Level 3: Meets expectations*

Performance consistently met expectations in all essential areas of responsibility, at times possibly exceeding expectations, and the quality of work overall was very good. The most critical annual goals were met.

*Level 2: Improvement needed*

Performance did not consistently meet expectations – performance failed to meet expectations in one or more essential areas of responsibility, and/or one or more of the most critical goals were not met. A professional development plan to improve performance must be attached, including timelines, and monitored to measure progress.

*Level 1: Unsatisfactory*

Performance was consistently below expectations in most essential areas of responsibility, and/or reasonable progress toward critical goals was not made. Significant improvement is needed in one or more important areas. A plan to correct performance, including timelines, must be outlined and monitored to measure progress.

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| Job Responsibilities for Period of Evaluation | Comments and Objectives | Performance Rating |
| **Communications:** Speaks clearly and concisely and listens carefully to understand; prepares written communication in a clear, concise manner and uses appropriate format, spelling and grammar. |  | Choose an item. |
| **Cooperation and Teamwork:** Puts the department or team’s success ahead of personal goals; shares information and resources with others; gives timely responses to requests made by others; promotes teamwork. |  | Choose an item. |
| **Customer Service:** Understands the needs of internal and external clients & constituents of the University; makes special effort to be responsive in meeting their needs and building client satisfaction. |  | Choose an item. |
| **Punctuality and Attendance:** Arrives to work on time, follows procedure regarding supervisor pre-approval of leave, does not abuse sick leave. |  | Choose an item. |
| **Quality of Work:** Completes assignments in a thorough and accurate manner; produces work with no or a low level of errors. |  | Choose an item. |
| **Quantity of Work:** Produces a high volume of work; responds to work situations by making self available for additional assignments as changing priorities and time pressures demand. |  | Choose an item. |
| **Leadership:** Promotes a productive, creative environment where people strive for quality of service; fosters a commitment in colleagues for achieving university goals; sets an example for others to follow. |  | Choose an item. |
| **Feedback and Coaching:** Provides employees with frequent performance feedback and coaching; provides recognition for areas of high or improved performance; works with employees to correct performance problems. |  | Choose an item. |
| **Work Allocation/Delegation:** Organizes the work flow and relationships among team members and functions in the unit; delegates work to make efficient use of resources and to develop people’s capabilities. |  | Choose an item. |
| **Alignment with University Goals:** Ensures department/team goals align with and contribute to the accomplishment of institutional and divisional goals. |  | Choose an item. |
|  |  | Choose an item. |
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| Overall Evaluation: Choose an item. |
| **Comments** |

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| **Future Plans and Actions** |

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| Your signature indicates neither agreement nor disagreement with the evaluation, but it does indicate that you have read the evaluation, and it has been discussed with you. If you wish, you may comment in the space below.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Employee’s Signature** | **Date** |

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| **Employee Comments** |