

EXEMPT AND NON-EXEMPT STAFF PERFORMANCE APPRAISAL

Employee Name:	University ID:
Position Title:	
Unit/School:	Department:
Appraisal Type: Probationary Annual Reappraisal	Evaluation Period: From Month/Year To Month/Year

INSTRUCTIONS:

- 1. Review and complete Sections 1, 2 and 3.
- 2. Review your ratings and comments and make a determination of the staff member's overall performance using the Overall Rating Guidelines on page four.
- 3. Place the corresponding number (1, 2, 3, 4, or 5) that best describes your assessment of overall performance in the Evaluation Summary on page four.
- 4. Discuss the evaluation with the staff member, provide him/her with a copy and allow the staff member an opportunity to record any comments.
- 5. If there is a change in salary, attach a budget-approved Staff Information/Adjustment Form. Attach the evaluation and forward both to your campus Human Resources Department.

PERFORMANCE RATING GUIDELINES:

- This rating is reserved for those who consistently excel in their job performance. It indicates that performance is well beyond that which can be expected from most staff members.
- This rating is used for staff members who perform their jobs well and are fully competent. It indicates that performance meets and may exceed expectations.
- This rating is used when performance falls below an acceptable level. It indicates that the staff member is not performing as expected and that improvement is necessary.

Job Duty:	Types letters and statistical reports for the director. RATING	1	2	3
Standard:	Typing is neat and in the proper format. Final copies contain no errors. Monthly reports are completed by the first of the month.		X	<u>y</u>
JOB DUTY #1:				
PERFORMANCE ST.	ANDARDS: RATING	1	2	3
				Γ
JOB DUTY #2:				
PERFORMANCE ST.	ANDARDS: RATING	1	2	2
				Γ
				Γ
PERFORMANCE ST.	ANDARDS: RATING		2	
JOB DUTY #4:				
PERFORMANCE ST	ANDARDS: RATING	1	2	3
				Γ
				Γ
JOB DUTY #5:				
PERFORMANCE ST.	ANDARDS: RATING	1	2	2

SECTION 1

JOB DUTY/GOAL:	RATING 1 2 3
1.	
2.	
3.	
1.	
SECTION 3	
HOSPITAL STANDARDS AND EXPECTATIONS	RATING 1 2 3
Maintains a level of attendance and punctuality necessary to meet the responsibilities for the job.	
Maintains a professional image in keeping with the job's responsibilities.	
Conserves Hospital resources through the proper utilization of staff, materials and equipment.	
Demonstrates a positive attitude toward the job and Hospital.	
Demonstrates work habits that contribute to a safe work environment.	
Protects the confidentiality of all Hospital information.	
Has documented compliance with all Hospital policies and requirements concerning	
Has documented compliance with all Hospital policies and requirements concerning infectious disease prevention and control, including tuberculosis and Hepatitis B.	Yes No
EVALUATOR: 1. Discuss the performance strengths and accomplishments of this staff member during the performance that the performance is the performance of the performance is the perfo	
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5	This staff member has made significant contributions to advance the position of the department and/or Hospital toward excellence and prominence. Only a small percentage of staff members who exhibit uniform excellence and initiative will achieve this level of performance.						
4	This staff member has been instrumental to the department's success and has performed in an exemplary manner.						
3	This staff member is proficient. Performance is what is expected of a fully qualified and experienced person.						
2	This staff member occasionally fails to exhibit proficiency. Improvement is necessa acceptable performance.	ry to meet the expectations for					
1	This staff member has serious deficiencies in key areas. Performance fails to meet e	expectations and is not acceptable.					
EVAI	LUATION SUMMARY:						
	the number fusing the Overall Rating Guidelines that best represents your overall rating the evaluation period.	ng of this staff member's performanc					
	OVERALL RATING:						
If rea	appraisal is recommended, indicate date: mm / dd / yy						
STA	FF MEMBER:						
Provi	ide your thoughts on this evaluation and plans for professional growth.						
Note:	: Staff member's signature indicates the appraisal was discussed. It does not necessari	ly denote agreement.					
C4 - ff	S.Manukanta Sianatuna	Date: / / /					
Staii	f Member's Signature:	mm dd yy					
FVA	LUATOR:						
	tify that I have reviewed the most current, HR approved Job Description for the position	on on which this performance					
appra	aisal is based, and it accurately reflects the employee's job responsibilities.	on on which this performance					
Eval	uator's Name: Signature:	Date: mm / dd / yy					
	Level ager's Name: Signature:	Date: mm / dd / yy					

OVERALL RATING GUIDELINES:

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