



PERFORMANCE EVALUATION CLASSIFIED EMPLOYEES

Name (Employee being evaluated)

Date

Title

Department

| | Unsatisfactory | Needs Improvement | Meets Requirements | Exceeds Requirements | Outstanding |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Communication: Expresses ideas clearly and accurately, both verbally and in writing; listens effectively; comprehends well; and asks questions when necessary; clearly defines and explains what is expected. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Job Knowledge: Possesses familiarity with information, procedures, materials and equipment required for job completion, as well as knowledge of the overall purpose of the department. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality of Work: Performs exceptional work with accuracy, neatness and thoroughness in a timely manner. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependability: Reports to work punctually; works at a consistent level of quality with a minimum of supervision; is trustworthy, honest, and reliable; works well under stress; displays persistence; and conforms to required timetables. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professionalism: Displays maturity, enthusiasm, discretion, honesty, and integrity; is willing to perform duties; accepts supervision; is willing to accept responsibility and leadership. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiative: Demonstrates drive, internal motivation, and a desire to attain goals; continually attempts to improve work; creatively adapts to changes; and works with a minimal amount of supervision required. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpersonal Relations: Works harmoniously with co-workers, supervisors, students, and the general public; displays helpfulness, tact, courtesy, sensitivity and the ability to handle difficult situations with students and public contacts; and strives for faster, friendlier and easier customer service. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Planning and Organization: Sets meaningful goals; prioritizes tasks; observes rules and procedures; and follows through with objectives in a timely fashion. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supervisory Performance (if applicable): Demonstrates leadership ability, planning and organization, and control of area; promotes personnel development, achievement, excellence, fairness, and communication; and delegates work evenly and effectively. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Overall Performance: Grade the OVERALL execution of duties as a composite evaluation by checking the appropriate grading symbol. | A | B | C | D | F |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please answer the following questions:

A. What are the strengths of this employee?

B. What could this person do to improve his/her performance?

C. Other comments:

Section I should be completed by the employee and submitted to the supervisor prior to evaluation. Section II should then be completed by the supervisor. Finally, the employee should then complete Section III (after the review is concluded).

Section I: Employee Goals

| Goal | | Assessment of Goal |
|---------------------------------|--|--------------------|
| ADMINISTRATIVE | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| TEACHING (IF APPLICABLE) | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| PROFESSIONAL DEVELOPMENT | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| SERVICE | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

Section II: Supervisor's Evaluation of Employee

A. Does the employee meet each expectation of his or her job description?

B. Please comment on the employee's accomplishments and goals, suggesting areas of improvement.

Section III: Employee Comments (to be completed after review):

A. Employee Comments:

Note: *The employee's signature merely confirms that the employee has seen the review and it has been discussed with him or her.*

Employee Signature

Date

Supervisor Signature

Date