

\_\_\_\_\_  
*Employee's Name*

\_\_\_\_\_  
*Date of Evaluation*

\_\_\_\_\_  
*Position Title*

\_\_\_\_\_  
*Department or ADLOC*



TEXAS A&M

## HEALTH SCIENCE CENTER

### *Performance Development Evaluation for Nonfaculty Employees*

*This form has been approved for use in evaluating HSC nonfaculty staff employees.  
With the exception of #11, evaluation factors are not to be changed in any way.*

#### **Instructions**

1. Evaluations of employee performance during the preceding calendar year must be conducted between January 1<sup>st</sup> and May 31<sup>st</sup>.
2. Employee and supervisor may each complete a draft of this form as an aid to its final completion.
3. **PART 1:**  
Check the single statement that best describes the employee's performance for each evaluation factor. **Comments are required** if "outstanding" or "not acceptable" is checked. Complete the Optional Evaluation Factor section as needed. Progress towards previously established performance objectives should also be described. The employee may add comments in the Employee's Comments section.
4. **PART 2 (last page):**
  - A. The supervisor and employee must identify key performance objectives for the upcoming performance period and/or any professional development needed. If managers wish to monitor progress toward goals and objectives during the ensuing year, those goals and tasks may be assigned to the employee via TrainTraq.
  - B. As part of the 2010 evaluation, the employee's position description must be reviewed and updated by completing the Training Needs Assessment portion of the PD or by attaching a completed Addendum to the PD.

## PART 1

### REQUIRED EVALUATION FACTORS

1. **QUALITY OF WORK:** *Performs assigned duties accurately and thoroughly with only minimal errors.*

*Evaluation:*

☐ Outstanding\*   ☐ Above Average   ☐ Acceptable   ☐ Needs Improvement   ☐ Not acceptable\*

*Comments:*

2. **QUANTITY OF WORK:** *Successfully completes all assigned work within the prescribed time limits.*

*Evaluation:*

☐ Outstanding\*   ☐ Above Average   ☐ Acceptable   ☐ Needs Improvement   ☐ Not acceptable\*

*Comments:*

3. **INITIATIVE:** *Demonstrates independent action and resourcefulness on the job. Is dependable and accepts responsibility. Carries out duties in an acceptable manner with minimal supervision.*

*Evaluation:*

☐ Outstanding\*   ☐ Above Average   ☐ Acceptable   ☐ Needs Improvement   ☐ Not acceptable\*

*Comments:*

4. **WORK ORGANIZATION, INNOVATION:** *Plans and organizes work well. Adds value and creates efficiencies to the work performed by developing new methods or offering constructive suggestions.*

*Evaluation:*

☐ Outstanding\*   ☐ Above Average   ☐ Acceptable   ☐ Needs Improvement   ☐ Not acceptable\*

*Comments:*

5. **COOPERATION AND CUSTOMER SERVICE:** *Is courteous and works well with customers and co-workers.*

**Evaluation:**

☐ Outstanding\*      ☐ Above Average      ☐ Acceptable      ☐ Needs Improvement      ☐ Not acceptable\*

**Comments:**

6. **JOB KNOWLEDGE:** *Understands assigned duties and job responsibilities. Understands the organization's policies, procedures, goals and purpose as required for the job.*

**Evaluation:**

☐ Outstanding\*      ☐ Above Average      ☐ Acceptable      ☐ Needs Improvement      ☐ Not acceptable\*

**Comments:**

7. **WORK ETHICS, INTEGRITY AND QUALITY OF WORK LIFE:** *Properly handles confidential information, adheres to policies, committed to productivity, co-workers and work schedules. Creates a supportive work environment that values and encourages employees while treating them with dignity and respect. Establishes an environment of open communication.*

**Evaluation:**

☐ Outstanding\*      ☐ Above Average      ☐ Acceptable      ☐ Needs Improvement      ☐ Not acceptable\*

**Comments:**

8. **COMMUNICATION SKILLS:** *Clearly and accurately expresses ideas, both orally and written.*

**Evaluation:**

☐ Outstanding\*      ☐ Above Average      ☐ Acceptable      ☐ Needs Improvement      ☐ Not acceptable\*

**Comments:**

9. **DIVERSITY:** *Supports department and Health Science Center diversity initiatives. Contributes to building an enlightened community by creating a climate of openness and inclusiveness. Actively seeks out mutually held values with other employees while respecting and valuing individual differences. The following actions may be considered (this is a list of suggested actions and is not meant to be all-inclusive).*

- Uses work related criteria for all hiring and promotion decisions
- Ensures organizational activities looked at from multiple perspectives
- Encourages diverse representation on committee/work group assignments
- Develops mentoring, partnering and/or sponsorship programs
- Ensures professional development programs exist for all employees
- Supports programs that enhance the understanding of different cultures
- Supports fairness by ensuring complaints of discrimination are investigated and acted upon in a timely manner
- Supports strategies to enhance retention of all employees
- Shows respect and consideration for others in workplace interactions
- Demonstrates sensitivity to individual differences regardless of their nature (e.g. physical, cultural, religious, gender, ethnic or racial)
- Accommodates the special needs of others in the workplace, including the observance of religious holidays or practices as well as needs created by disability

***Evaluation:***

☐ Outstanding\*      ☐ Above Average      ☐ Acceptable      ☐ Needs Improvement      ☐ Not acceptable\*

***Comments:***

10. **LEADERSHIP AND EMPLOYEE DEVELOPMENT (SUPERVISORS ONLY):** *Influences, supports and motivates employees and co-workers. Effectively makes decisions. Ensures required training (Ethics, EEO, Information Security, Fraud and Abuse, Orientation to the A&M System, if applicable, and FERPA) is completed by each employee under his or her supervision in accordance with state law, and System or HSC policy. Provides development opportunities in alignment with organization and Health Science Center goals.*

***Evaluation:***

☐ Outstanding\*      ☐ Above Average      ☐ Acceptable      ☐ Needs Improvement      ☐ Not acceptable\*

***Comments:***

**11. OPTIONAL EVALUATION FACTOR(S) UNIQUE TO A PARTICULAR DEPARTMENT OR POSITION***(Duplicate this section as needed to accommodate other appropriate evaluation factors)***Factor:** \_\_\_\_\_**Description:** \_\_\_\_\_**Evaluation:**☐ Outstanding\*      ☐ Above Average      ☐ Acceptable      ☐ Needs Improvement      ☐ Not acceptable\***Comments:****SUMMARY & OVERALL EVALUATION:**

RATING FACTORS	Outstanding	Above Avg.	Acceptable	Needs Impr.	Not Acceptable
1. Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Work Organization/Innovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation/Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Work Ethics/Integrity/Quality of Work Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Leadership/Employee Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Optional Factor _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OVERALL EVALUATION</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUPERVISOR COMMENTS****EMPLOYEE'S COMMENTS (Attach additional pages as needed):**☐ Check if comments are attached.*\* Comments are recommended for every rating, but required for ratings of "Outstanding" or "Not Acceptable."**Page \_\_\_\_ of \_\_\_\_*

## PART 2

### **Performance Objectives (New or Updated) and/or Professional Development Needs**

Evaluators must complete this section. List appropriate performance objectives and/or professional development activities to be completed. Attach additional page(s) if needed. Examples of suggested development activities include attending workshops, obtaining certifications, cross-training, attending local/state/national conferences and seminars, obtaining membership in professional organizations, completing reading and/or report assignments, etc.

### **RESOURCES/SUPPORT NEEDED** List resources to support these objectives and/or activities, if applicable.

### **TIME FRAME**

### **CERTIFICATION OF REVIEW OF POSITION DESCRIPTION:**

- ☐ The employee's position description has been reviewed. The Training Needs Assessment Addendum has been completed and attached to the PD, but no other update is necessary.
- ☐ The employee's position description has been reviewed and updated, including the training needs assessment portion on page 3. Both the employee and supervisor have signed the updated PD. A copy has been given to the employee, and the original will be placed in the employee's personnel file.

\_\_\_\_\_  
Print or type Supervisor Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

My signature indicates only that I have read and discussed this performance evaluation with my supervisor, including any performance objectives and/or professional development activities.

My signature does not indicate that I agree with this evaluation of my performance. I understand that I may include or attach a written response to this evaluation, provided my response is received by my supervisor or department chair within 15 (fifteen) business days following the date of this evaluation.

\_\_\_\_\_  
Print or type Employee Name

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

\_\_\_\_\_  
Date