



Employee Evaluation Form

You are being asked to review _____ in the position of _____.

As part of your responsibility, you are asked to review your employees on their performance working for Campus Recreation. The performance criteria for this position are based on our SPIRIT program - **S**kills, **P**assion, **I**nitiative, **R**eliability, **I**nteraction, and **T**rainability. **Please fill out both sides.** Your honesty is appreciated. If you have any questions, please feel free to talk to your direct supervisor about filling out this form.

Skills: Mastery of position responsibilities and Department protocol and procedures

| | 1 | 2 | 3 | 4 | 5 | N/A | Score (x2) _____ |
|--|---|---|---|---|---|-----|------------------|
| 1 - Doesn't seem to know the requisite skill for the position. | | | | | | | |
| 3 - Understands basic practices and policies. Sometimes forgets minor details. Could use some improvement in knowledge of job. | | | | | | | |
| 5 - Knows all procedures and performs work accurately, takes pride in quality/quantity of work performed, does not need to ask for help. | | | | | | | |

Passion: Enthusiasm for position, department, and wellness

| | 1 | 2 | 3 | 4 | 5 | N/A | Score _____ |
|---|---|---|---|---|---|-----|-------------|
| 1 - Shows no or little interest in mission of Campus Recreation. | | | | | | | |
| 3 - Understands mission of Campus Recreation, gets involved in some activities. | | | | | | | |
| 5 - Embodies mission of Campus Recreation, participates in events, sets standard for being involved in programs and services, supports what we do as an area. | | | | | | | |

Initiative: Ability to take charge of situations and direct change appropriately

| | 1 | 2 | 3 | 4 | 5 | N/A | Score _____ |
|---|---|---|---|---|---|-----|-------------|
| 1 - Doesn't cooperate with co-workers in getting jobs done, tries to get out of doing the work. | | | | | | | |
| 3 - Does things when asked, is responsible for his/her own work. | | | | | | | |
| 5 - Self-starter, positive, reacts to difficult situations with spontaneity, takes pride in work. | | | | | | | |

Reliability: Accountable for work schedule and effectively completing tasks

| | 1 | 2 | 3 | 4 | 5 | N/A | Score _____ |
|--|---|---|---|---|---|-----|-------------|
| 1 - Repeated no-show shifts, doesn't effectively complete tasks. | | | | | | | |
| 3 - Late once or twice, overall feel you can count on them. | | | | | | | |
| 5 - No missed shifts, consistently on time, shows willingness to sub for others. | | | | | | | |

Interaction: Works well with others and engages customers

| | 1 | 2 | 3 | 4 | 5 | N/A | Score _____ |
|--|---|---|---|---|---|-----|-------------|
| 1 - Does not interact with patrons or co-workers, spends a lot of time on homework, rarely helps when there is a need to interact with customers. | | | | | | | |
| 3 - Interacts with patrons on a regular basis, helps customer with problem, gets along with co-workers, demonstrates some interest in well-being of customer. | | | | | | | |
| 5 - Friendly and courteous with patrons, greets patrons, deals well with difficult situations, interacts great with customers and co-workers, clearly invested in making this place a great place to be. | | | | | | | |

Trainability: Willingness to be active in the learning opportunities presented

| | 1 | 2 | 3 | 4 | 5 | N/A | Score _____ |
|--|---|---|---|---|---|-----|-------------|
| 1 - Does not make an effort to learn new skills or implement new policies. | | | | | | | |
| 3 - Understands new policies, does not always enforce policies, and attends staff meetings. | | | | | | | |
| 5 - Implements new policies, acquires helpful new skills, learns new practices, and strives to grow through constructive feedback. | | | | | | | |

Total Score _____



Qualitative Comments

In the comments include examples on how the employee can improve in areas as well as specific strengths he/she demonstrates.

Skills

Comments: _____

Passion

Comments: _____

Initiative

Comments: _____

Reliability

Comments: _____

Interaction

Comments: _____

Trainability

Comments: _____

Evaluator's Signature _____

Date _____

Employee's Signature _____

Date _____

Will this employee be receiving a wage increase? _____ Date the increase is effective? _____
(hourly rates are adjusted on the 16th of each month)

Please sign and return it to the CREC Office Coordinator.