

TYPE OF EVALUATION

- ☐ Initial – 4 Months
☐ Annual
☐ Special

CLASSIFIED STAFF EVALUATION FORM



A MEMBER OF THE TEXAS A&M UNIVERSITY SYSTEM

Name of Employee: _____ **Date of Employment Into Current Position:** _____
Department: _____ **Position Title:** _____
Describe briefly the specific work performed by this employee: _____

INSTRUCTIONS TO SUPERVISOR: As part of the performance evaluation process, you and the employee (together) **must** review, sign, and date the position's PDQ (Position Description Questionnaire) that is on file with the HR Office to ensure that it is accurate and current. Discuss and review the performance evaluation and PDQ with the employee in a private setting without interruption. Remember that performance evaluation is a continuing process, not just an annual event. Throughout employment, supervisors are encouraged to interact and/or communicate periodically with the employee about the job and about his/her performance progress.

COMPLETING THE PERFORMANCE EVALUATION: Concentrate on one factor at a time, read all ranking specifications for that factor, and use your own independent judgment to determine which ranking best describes the performance of the employee. Supervisors may provide detailed comments to support each factor ranking. Any ranking of 1 or 5 requires justification in the comments section. A ranking of 1 in any performance factor requires a special evaluation in 90 days. At the end of this evaluation, supervisors are **required** to provide "agreed upon" goals and objectives for the year which will help enhance the employee's performance. If additional space is needed, please attach a separate page. To ensure a fair, honest, and effective performance evaluation, rank with the utmost care and thought, rank on the basis of the essential duties and responsibilities of the position, disregard general impressions, and do not allow personal feelings to govern your ranking.

FACTOR	RANKING					COMMENTS
	I (Poor)	II (Fair)	III (Good)	IV (Very Good)	V (Excellent)	
QUANTITY: Consider amount of satisfactory work performed and completion of work on schedule.	<input type="checkbox"/> Output consistently low on most operations; a slow worker. Too poor to retain in job without improvement.	<input type="checkbox"/> Frequently turns out less than normal amounts of work on many assignments.	<input type="checkbox"/> Consistently turns out satisfactory amounts of work.	<input type="checkbox"/> Frequently turns out more than normal amounts of work on many assignments; a fast worker.	<input type="checkbox"/> Output outstandingly high; consistently turns out exceptionally large amounts of work.	
QUALITY: Consider extent to which work meets quality standard (accuracy, compliance with instructions, neatness, thoroughness).	<input type="checkbox"/> Work seldom meets specified quality, many errors, rejections, or rework. Too poor to retain in job without improvement.	<input type="checkbox"/> Work frequently below specified quality, apt to make mistakes. Moderate amount of rework required.	<input type="checkbox"/> Work meets normal standards. Little rework required.	<input type="checkbox"/> Work is of very good quality with very little rework required.	<input type="checkbox"/> Work of exceptionally high quality. No rework required.	
JOB KNOWLEDGE: Consider knowledge of job, procedures, equipment, versatility, experience.	<input type="checkbox"/> Limited knowledge of the simplest duties or assignments; has no knowledge of related work. Too poor to retain in job without improvement.	<input type="checkbox"/> Limited knowledge of the duties or assignments; has poor knowledge of related work.	<input type="checkbox"/> Satisfactory knowledge of all duties or assignments; has fair working knowledge of related work.	<input type="checkbox"/> Good knowledge of all the duties or assignments; has good working knowledge of related work.	<input type="checkbox"/> Excellent knowledge of all duties or assignments; exceptionally good working knowledge of related duties.	
INITIATIVE: Consider constructive thinking, such as planning and suggesting actions and/or solutions.	<input type="checkbox"/> Lacks confidence and ability to proceed alone. Too poor to retain in job without improvement.	<input type="checkbox"/> Needs guidance or direction in the performance of majority of duties or assignments.	<input type="checkbox"/> Proceeds alone in the performance of routine duties or assignments.	<input type="checkbox"/> Resourceful and alert; shows constructive thinking in the performance of duties or assignments.	<input type="checkbox"/> Highly creative and constructive; plans and suggests improvements in assigned or related duties.	
WORK HABITS: Consider attendance, punctuality, use of safety practices, adherence to established rules and regulations, and personal appearance.	<input type="checkbox"/> Work habits unsatisfactory. Too poor to retain in job without improvement.	<input type="checkbox"/> Work habits need improvement.	<input type="checkbox"/> Work habits satisfactory.	<input type="checkbox"/> Work habits very good.	<input type="checkbox"/> Exceptional work habits. Always observes rules and safety practices.	
RELATIONSHIP WITH OTHERS: Consider cooperation effect upon ability to work with fellow employees, supervisors, students, and the public.	<input type="checkbox"/> Undesirable or unsatisfactory working relationships with others. Too poor to retain in job without improvement.	<input type="checkbox"/> Tends to be un-cooperative with others in the performance of assigned duties. Needs improvement.	<input type="checkbox"/> Works well with others.	<input type="checkbox"/> Very good relationship with others; voluntarily assists others in the performance of assigned duties and job-related functions.	<input type="checkbox"/> Exceptionally cooperative with employees, supervisors, students, and the public in the performance of assigned duties and job-related functions.	

CAPACITY FOR ADVANCEMENT

A. How long have you supervised this employee? Are you satisfied with the performance of this employee? _____ What changes have you observed in the performance of this employee since his/her last review? _____

B. Please comment on any strengths or weaknesses in the job performance of this employee. _____

C. Please indicate training and/or effort this employee needs to improve on weakness(es) cited in B above. _____

D. Goals and Objectives (*required*): _____

Supervisor's Comments: _____

The employee is ☐ is not ☐ recommended to continue employment.

This report is based on my observation and knowledge. It represents my best judgment of the employee's performance. Together, the employee and I reviewed, signed, and dated the position's current PDQ that is on file with the HR Office.

Signature of Supervisor Date

I have reviewed this report. It represents the facts to the best of my knowledge.

I do ☐ do not ☐ concur in the recommendation, if any, as to status.

Signature of Budgetary Unit Head (*if applicable*) Date

Employee's Comments: _____

I have reviewed this report on the date indicated below and have had the opportunity to discuss it with my supervisor(s). My signature does not necessarily mean I agree with the report. Together, my supervisor and I reviewed, signed, and dated my position's current PDQ that is on file with the HR Office.

Signature of Employee Date

PROFESSIONAL DEVELOPMENT PLANNING WORKSHEET



A Member of the Texas A&M University System

OFFICE OF HUMAN RESOURCES

This worksheet is designed to assist the Office of Human Resources in identifying the professional development (training) needs of our employees. As you evaluate the performance of this employee, please consider and discuss with him/her any professional development (training) which will help the employee in accomplishing job responsibilities and in meeting "agreed upon" goals and objectives.

Employee Name: _____

Title: _____

Department/Office: _____

List development areas that you identified and would like to see available for this employee via training workshops, seminars, and courses (i.e., writing skills, listening skills, supervisory skills, specific software program, computer skills).

Signature of Supervisor

Date