

UNIVERSITY OF ALASKA

PERFORMANCE EVALUATION FORM FOR NON SUPERVISORY EMPLOYEE

All University of Alaska supervisors are required to complete an annual written performance evaluation per Board of Regents' Policy 04.07.030. In addition, accreditation standards require that "administrators and staff are evaluated regularly with regard to performance of work duties and responsibilities."

I. EMPLOYEE INFORMATION

Employee Name (Last, First, MI)	Employee ID	Position Title
Department/Campus	Supervisor Name	Review Completion Date
Review Type: After Probationary Period or Other; Identify Time period of performance evaluated: i.e., January 1, 2011 – December 31, 2011.		

II. PERFORMANCE RATINGS

E	Exceptional: Consistently exceeds performance expectations.
HE	Highly Effective: Consistently meets and at times exceeds performance expectations.
P	Proficient: Consistently meets performance expectations.
NI	Needs Improvement: Inconsistent performance; at times meets expectations and at times falls below expectations
II	Insufficient Information: May be used when employee is too new to evaluate, if employee has been gone for an extended period of leave, or if a supervisor is too new to the position to evaluate the employee.
N/A	Not Applicable: May be used when a specific performance factor does not apply to the job.

III. INSTRUCTIONS

The employee's position description is the supervisor's reference for rating all of the duties and factors that appear in this document.

1. Review the performance evaluation format and the instructions below. Compile any department files or other relevant information (i.e., previous evaluations, supervisor file, position description, etc.).
2. When assessing each performance factor, consider only those aspects of the employee's performance in the specific area being evaluated. For example, an employee can earn an "E" rating for "Job Knowledge," and an "NI" rating for attendance.

3. To assign an “NI” rating in any area, documentation of a previous counseling session between the supervisor and employee must exist to support the rating, or a plan of action that has been discussed with the employee during the evaluation meeting must be attached to this evaluation.
4. Meet with employee to discuss evaluation contents and goals for the upcoming year.
5. Employee may make comments within 30 days from date of evaluation meeting. Comments may be made on the evaluation form and/or on an additional sheet of paper. Employees may request a meeting with the second level supervisor or a Human Resources representative regarding the evaluation contents.
6. Request the employee’s signature to acknowledge that a copy of the completed evaluation has been received by the employee. The signature indicates receipt of a copy, not agreement with contents of the evaluation. If an employee refuses to sign, note the refusal on the form and forward to Human Resources.
7. The supervisor must **forward the original performance evaluation and all attachments to Human Resources for review and inclusion in the official personnel file.**

IV. RATE ESSENTIAL FUNCTIONS

Position description should be attached OR duties in the position description should be inserted below.

Essential Functions: These are the duties articulated in the position description (PD) of the employee during this evaluation period. You may attach a copy of the PD in lieu of inserting essential functions below.

Comments: Insert comments that illustrate reasons for the rating; discuss the results that the employee achieved in relation to essential functions. In the box to the right, rate the performance for each major area (E, HE, P, NI, II, N/A). All ratings should be accompanied by comments to document the rationale for the rating. If assigning an “NI” rating, please refer to Instruction #3, above, for further instructions.

<p>Essential Function 1: (insert from PD) <u>Comments:</u></p>	<p>Rating:</p>
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<p>Essential Function 2: (insert from PD) <u>Comments:</u></p>	<p>Rating:</p>
<p>Essential Function 3: (insert from PD) <u>Comments:</u></p>	<p>Rating:</p>
<p>Essential Function 4: (insert from PD) <u>Comments:</u></p>	<p>Rating:</p>

<p>Essential Function 5: (insert from PD) <u>Comments:</u></p>	<p>Rating:</p>
<p>Essential Function 6: (insert from PD) <u>Comments:</u></p>	<p>Rating:</p>

***ATTACH ADDITIONAL SHEETS IF NEEDED.**

POSITION DESCRIPTION REVIEW SECTION - (Please check the appropriate box.)

- Employee Position description has been reviewed during this evaluation and no changes have been made to the Position description at this time.
- Employee Position description has been reviewed during this evaluation and modifications have been proposed to the position description and entered into UAKJobs. Position description will be processed through the appropriate channels and approvals.

V. RATE OTHER PERFORMANCE FACTORS

Every employee should be rated on the performance factors below in addition to rating their specific position description duties in section V above. All ratings should be accompanied by comments to document the rationale for the rating.

<p>Job Knowledge: Possesses and applies knowledge of current requirements, methods, techniques and skills. Understands how work relates to and affects internal/external areas.</p> <p><u>Comments:</u></p>	<p>Rating:</p>
<p>Planning and Organization: Effectively sets objectives and priorities within area of responsibility; forecasts needs; identifies key tasks and sequential steps; manages time and resources efficiently; effectively handles the requirements of multiple or competing tasks.</p> <p><u>Comments:</u></p>	<p>Rating:</p>
<p>Work Quality/Quantity: Produces adequate quantity and quality of work. Timely completion of assignments, ability to follow directions, accuracy, attention to detail, follow-through, and thoroughness; meets commitments and deadlines</p> <p><u>Comments:</u></p>	<p>Rating:</p>

<p>Problem Solving: Identifies, evaluates, and researches problems, and recommends solutions. Seeks input or assistance when appropriate.</p> <p><u>Comments:</u></p>	<p>Rating:</p>
<p>Communication: Effectively conveys information to others by written and verbal means; practices active listening. Builds effective relationships.</p> <p><u>Comments:</u></p>	<p>Rating:</p>
<p>Decision Making: Consistently uses good judgment in gathering, analyzing and acting on relevant information in a timely manner.</p> <p><u>Comments:</u></p>	<p>Rating:</p>

<p>Attendance: Adheres to work schedule; attendance is punctual and consistent. (When evaluating attendance, do not consider time away from work that is protected by Federal or State Law (i.e., Family Medical Leave Act or Americans with Disabilities Act, etc.)</p> <p><u>Comments:</u></p>	<p>Rating:</p>
<p>Adaptability: Flexible under changing conditions (new people, ideas, tasks, priorities, etc.). Anticipates and prepares for change.</p> <p><u>Comments:</u></p>	<p>Rating:</p>
<p>Safety and Risk Management: Applies proper analysis and takes action to mitigate or where appropriate eliminate undue risk or contingent liability. Observes safety rules and safe work habits. Identifies safety problems to appropriate staff.</p> <p><u>Comments:</u></p>	<p>Rating:</p>

<p>Initiative: Completes assignments and takes constructive action without prompting. Seeks challenging assignments, self-development, and learning opportunities.</p> <p>Comments:</p>	<p>Rating:</p>
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VI. ACTION PLAN/TRAINING, DEVELOPMENT, IMPROVEMENT GOALS:

Summarize any specific projects, performance objectives, or training and development plans for the next evaluation period.

VII. SIGNATURES/APPROVALS

Supervisor Signature: _____ Date: _____

Employee Review: The contents of this form have been reviewed with me and my signature below does not indicate agreement with the evaluation. I understand that whether or not I agree with this evaluation I may enter my opinions here or on an attached sheet of paper delivered to HR within 30 days from the date of my evaluation meeting. I understand that I have the right to discuss this evaluation with a Human Resources representative and/or to discuss this evaluation with the second level supervisor.

Employee Signature: _____ Date: _____

Employee Comments: (use back or attach additional sheet(s), if necessary)

Supervisor's Date of Receipt of Employee Response: _____

Human Resources Reviewer Name: _____ Signature: _____ Date: _____

Date HR Sent Supervisor a Copy of Employee Response: _____