Name: Job Classification: Department: Reason For Evaluation: Probation ______ 30 Day: _____ 60 Day: _____ 90 Day: _____ Annual: _____ Special: From: To:

the employee and person making the change.	
ALL EMPLITYEES	TS/SUGGESTION MPROVEMENT
1. ATTENDANCE/PUNCTUALITY	
2. SAFETY PRACTICES	
3. PERSONAL NEATNESS	
4. COMPLIANCE WITH RULES/REG.	
5. COOPERATION/ATTITUDE	
6. ACCEPTANCE OF NEW IDEAS & PROCEDURES	
7. APPLICATION OF EFFORT/INTEREST IN JOB	
8. ACCURACY OF WORK	
9. JUDGEMENT	
10. PUBLIC RELATIONS/CUSTOMER SERVICE	
11. ORAL EXPRESSION	
12. EQUIPMENT OPERATION	
13. NEATNESS OF WORK	
14. PERFORMANCE WITH MINIMUM SUPERVISION	
15. PROMPTNESS IN COMPLETING WORK	
16. DEPENDABILITY	
17. VOLUME OF WORK PRODUCED	
18. QUALITY OF WORK PRODUCED	
19. PERFORMANCE UNDER PRESSURE	
20. PERFORMANCE IN NEW WORK SITUATIONS	
21. IMPROVEMENTS SINCE LAST REPORT	
22. OTHER	

22. OTTIER							
REVIEWER:	DA	TE:					
I HAVE DISCUSSED THIS REPORT WITH MY SUPERVISOR. I UNDERSTAND MY SIGNATURE DOES NOT NECESSARILY MEAN I AGREE WITH ALL THE MARKINGS.							
EMPLOYEE SIGNATURE:			DATE:				
$\hfill \square$ I WOULD LIKE TO DISCUSS THIS REPORT OR OTHER MATTERS WITH SOMEONE OTHER THAN MY RATING SUPERVISOR.							

ST. LAWRENCE UNIVERSITY EMPLOYEE PERFORMANCE REPORT Name: Job Classification: Department: Rating Period: Reason For Evaluation: Probation ______ 30 Day: ______ 60 Day: _____ 90 Day: _____ Annual: _____ Special: From: To: EXCEEDS MEETS **IMPROVEMENT** UNSATISFACTORY SECTION B - OVERALL SECTION A - ITEMIZED CHECK LIST Employee's immediate supervisor should **EVALUATION** EXPECT-**NEEDED** check each item in the appropriate column. Check overall evaluation which must Report must be completed in ink. Any reflect and be consistent with itemized ATIONS changes made in the report subsequent to the check list. Specific written comments employee's signing, require initialing by the are required. employee and person making the change. COMMENTS/SUGGESTIONS EMPLOYEES WHO SUPERVISE FOR IMPROVEMENT 1. COORDINATING WORK WITH OTHERS 2. ACCEPTANCE OF RESPONSIBILITY 3. ENFORCEMENT OF WORK **STANDARDS** 4 TRAINING & INSTRUCTING STAFF 5. PLANNING & ASSIGNING WORK 6. FAIRNESS AND IMPARTIALITY TO STAFF 7. ENCOURAGE STAFF TO BE PRODUCTIVE 8. ADEQUACY OF INSTRUCTIONS 9. LEADERSHIP 10. APPROACHABILITY 11. WRITTEN EXPRESSION 12. SAFETY ADDITIONAL ITEMS

ADDITIONAL ITEMS					
REVIEWER:	DATI	E:			
I HAVE DISCUSSED THIS REPORT WITH I I AGREE WITH ALL THE MARKINGS.	MY SUPERVIS	SOR. I UNDE	ERSTAND MY SIGNA	ATURE DOES NOT NE	CESSARILY MEAN
EMPLOYEE SIGNATURE:			DATE:		
□ I WOULD LIKE TO DISCUSS THIS REPOR	T OR OTHER I	MATTERS WI	TH SOMEONE OTHE	ER THAN MY RATING S	SUPERVISOR.