

UNIVERSITY OF MISSOURI COLLEGE OF ARTS & SCIENCES

STAFF PERFORMANCE APPRAISAL FORM

(PLEASE TYPE OR PRINT)

Name (Last, First, Middle Initial)		Title	
Department	Years in Present Job	Years with University	Appraisal Period (From- To)
Appraisal By (Signature) :			Date
Approved By (Signature):			Date

PLEASE PLACE AN "X" IN THE APPROPRIATE BOX, AND AS NECESSARY, BRIEFLY GIVE YOUR COMMENTS OF THIS EMPLOYEE IN THE SPACE PROVIDED CONCERNING THE FOLLOWING AREAS:

Knowledge of the Work (Understanding of the various Phases, knowledge the necessary technical fundamentals, etc.)

Outstanding Above Normal Normal Below Normal Inadequate

Quality of the Work (Thoroughness, Neatness, Accuracy, etc.)

Outstanding Above Normal Normal Below Normal Inadequate

Quantity of the Work (Volume of acceptable work, amounts of exceptional or poor work, etc.)

Outstanding Above Normal Normal Below Normal Inadequate

Attendance & Punctuality (Regularity of Attendance and Punctuality in Following Assigned Schedule or Work Hours)

Outstanding Above Normal Normal Below Normal Inadequate

Carrying Out Instructions (Willingness and Ability to Take Instructions and Follow Through, Etc)

Outstanding Above Normal Normal Below Normal Inadequate

Overall Appraisal: Outstanding Above Normal Normal Below Normal Inadequate

Major Strong Points and/or Weak Points:

Additional Comments:

The Information On This Form Has Been Reviewed With Me

Employee's Signature

Date