

PERFORMANCE STANDARDS FORM

Employee's Name

Social Security Number

Evaluation Date

Class Code

Class Title

Position Number

Dept./College/School

INSTRUCTIONS:

Please complete at the beginning of the Evaluation Period with 30 days following the employee's evaluation date. Attach a copy to Performance Evaluation Form for inclusion in employee's Personnel File and give a copy to the employee.

***AUTHORITY LEVELS:**

- 1 - Complete Authority
- 2 - Act then report
- 3 - Act after approval
- 4 - Act after Instructions

Rank In Priority Order	Major Duties and Responsibilities (Must be taken from position description)	Performance Standards Measurements (Must be expressed in quality, quantity, cost or time)	Authority Level*			
			1	2	3	4

Supervisor's Signature

Date

Employee's Signature

Date

***USE ADDITIONAL SHEETS IF NECESSARY

HR-LR-6

REV. 7/1/96