

Employee Performance Appraisal

(Please type or print)

Name _____ Department/Division _____

Job Title _____ Supervisor _____

Date _____ Appraisal Period (circle one) ☐ 3 months ☐ 6months ☐ 12months

Following individual completion of working copies by both the supervisor and the staff member being evaluated, the official appraisal form should be jointly completed during a conference between the two parties. A written evaluation must be attached to this form in cases of unsatisfactory appraisals and is encouraged on all appraisals.

6 = Outstanding

1 = Unsatisfactory

A. Knowledge (Thoroughness and grasp of procedural and technical fundamental work.)

6 5 4 3 2 1
☐ ☐ ☐ ☐ ☐ ☐

Comments:

B. Quality (Accuracy, neatness and dependability. Completion of acceptable volumes of work.)

6 5 4 3 2 1
☐ ☐ ☐ ☐ ☐ ☐

Comments:

C. Attendance (Daily presence and punctuality.)

6 5 4 3 2 1
☐ ☐ ☐ ☐ ☐ ☐

Comments:

D. Responsibility (Acceptance and fulfillment of work, ability to take instructions and follow-through.)

6 5 4 3 2 1
☐ ☐ ☐ ☐ ☐ ☐

Comments:

E. Initiative and Judgement (Resourcefulness, leadership, intelligent decision making.)

6 5 4 3 2 1
☐ ☐ ☐ ☐ ☐ ☐

Comments:

F. Over-all job performance

6 5 4 3 2 1
☐ ☐ ☐ ☐ ☐ ☐

G. List jointly determined areas for improvement and/or specific goals and objectives for the coming year.

H. Comments by evaluated employee / ways Truman can help improve your job performance.

Supervisor Signature

Employee Signature

Sheets may be attached for any additional comments

Distribution: White – Human Resources Yellow – Supervisor Pink - Employee