

PERFORMANCE APPRAISAL CONFERENCE FORM

NAME OF EMPLOYEE _____

DATE _____

INSTRUCTIONS:

This form is meant to help the employee and the supervisor discuss goals and areas of improvement for the employee, the supervisor, the department or program, and Gettysburg College.

The performance appraisal form remains with the supervisor for future reference.

POSITION DESCRIPTION:

1. What are your main job responsibilities? Compare with job description.
2. Has anything new been added to or removed from your job this year? If so, what?
3. Have there been any special circumstances that have caused changes in your job this year (e. g., assuming additional responsibilities due to illness or departure of a co-worker, your own illness/emergency leave, etc.)? If yes, please explain.

ACCOMPLISHMENTS AND STRENGTHS:

1. What do you see as your department's accomplishments during the past year?
2. What do you see as your accomplishments during the past year (e. g., teaching or taking courses, working on major projects, and self-development)?
3. What knowledge and/or skills have you developed on the job during the past year (computer, organizational, etc.)?

AREAS FOR ATTENTION AND FUTURE DEVELOPMENT:

1. What would help you to do your job better? (job related, this could include training, more cooperation from co-workers, better organization of supplies, etc.).
2. What would help you to like your job more? (job related)
3. How has your supervisor helped you during the past year? (job related)
4. What can your supervisor do that would help you work more effectively? (job related)
5. What are your goals or future plans? (job related)
6. Is there anything that your supervisor or the College could do to help you accomplish your future plans? (job related)
7. Do you have any suggestions that could make this department, or the College in general, a better place in which to work?

General Instructions

- 1) This form is completed by the Supervisor and the Employee during the Performance Appraisal Conference and remains with the Supervisor for future reference.
- 2) This form is to be signed by both the supervisor and the employee.

Name of Employee _____ Date _____

A. SUPERVISORY COMMENTS:

EMPLOYEE STRENGTHS:

- 1. _____
- 2. _____
- 3. _____

AREAS FOR IMPROVEMENT:

- 1. _____
- 2. _____
- 3. _____

GOALS FOR COMING YEAR AND EMPLOYEE'S PLAN OF ACTION:

- 1. _____
- 2. _____
- 3. _____

SUPERVISORY PLAN OF ASSISTANCE:

- 1. _____
- 2. _____
- 3. _____

ADDITIONAL SUPERVISORY COMMENTS: _____

B. EMPLOYEE COMMENTS: _____

SUPERVISOR'S SIGNATURE

EMPLOYEE'S SIGNATURE

(My signature indicates that my supervisor and I have discussed this plan.)