

Employee Performance Appraisal

Office of the Chancellor Human Resources

Please complete the following employee performance appraisal form. Fill in all applicable fields and attach any additional documentation if needed. *Before returning the completed form to HR, please ensure all necessary signatures have been acquired.*

Date of Review:

Date of Next Review:

Employee Name:

Employee ID:

Classification Title:

Division:

Supervisor Name:

Supervisor Phone:

Appraisal Type

- Mid-Probationary (3 months) Annual Performance Appraisal
 End-Probationary (6 months) Other _____

If End-Probationary, do you recommend certification?

Overall job performance level of employee: (Please select the appropriate statement below)

- Job performance is ABOVE expectations.
 Job performance MEETS expectations.
 Job performance DOES NOT MEET expectations. *(Please notify HR if item is selected)*

If eligible, do you recommend a salary increase? (To be eligible for a salary increase, overall job performance MUST meet expectations.)

- Yes
 No

If increase is denied or postponed, please explain:

Is the current position description accurate?

- Yes
 No

If not the position description is NOT an accurate reflection of the current job responsibilities, what is the target date for revision?

Date:

Goals and/or Areas for Training & Development:

Supervisor's Comments and/or Areas that Need Improvement:

Employee's Comments and Concerns:

Signature of Rater (Supervisor): _____ **Date:** _____

Signature of Employee: _____ **Date:** _____

Signature of Rater's Supervisor: _____ **Date:** _____

Signature of Cabinet Member: _____ **Date:** _____

Please return to Human Resources.