

BETHLEHEM UNIVERSITY

Office of Personnel Management

Performance Appraisal Form Administrative/Support and Service Staff

NAME OF EMPLOYEE _____ ACADEMIC YEAR _____

JOB TITLE _____ DEPARTMENT _____

STATUS: Full time _____ Part Time _____ Daily _____ FIRST EMPLOYED _____

IMMEDIATE SUPERVISOR _____

Performance Appraisal: Rate **each applicable** area of job performance according to the following scale:

1 = Poor; 2 = Below Satisfactory; 3 = Satisfactory; 4 = Good; 5 = Very Good; 6 = Excellent; 7 = N/A (Not Applicable)

Please tick the appropriate number on the scale. Tick column 7 only if an item does not apply.

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|-----|-----|-----|-----|-----|-----|-----|
| 1. PUNCTUALITY (Arrives at work on time, adheres to work and break schedule) | ___ | ___ | ___ | ___ | ___ | ___ | ___ |
| 2. JOB KNOWLEDGE (Understands and performs all elements of the job) | ___ | ___ | ___ | ___ | ___ | ___ | ___ |
| 3. QUALITY OF WORK (Performs work assignments thoroughly and completely in an accurate, prompt and neat manner) | ___ | ___ | ___ | ___ | ___ | ___ | ___ |
| 4. RELATING TO OTHERS (Shows respect for people, is cooperative, has good rapport with supervisor, co-workers and others) | ___ | ___ | ___ | ___ | ___ | ___ | ___ |
| 5. DEPENDABILITY (Can be counted on to complete all work promptly, works well under pressure and to deadlines, is reliable) | ___ | ___ | ___ | ___ | ___ | ___ | ___ |
| 6. INITIATIVE (Is self-directed and motivated, anticipates what needs to be done and does it, willing to learn) | ___ | ___ | ___ | ___ | ___ | ___ | ___ |
| 7. LEADERSHIP (Motivates others, has organizational skills, makes intelligent decisions, exercises good judgment, is an example to others) | ___ | ___ | ___ | ___ | ___ | ___ | ___ |

REMARKS (Additional information pertaining to the employee's performance, strengths and weaknesses, training needs, promotion potential, etc.)

1 = Poor; 2 = Below Satisfactory; 3 = Satisfactory; 4 = Good; 5 = Very Good; 6 = Excellent

OVERALL EVALUATION (Circle) 1 2 3 4 5 6

Signature of Supervisor _____ Date _____

COMMENTS OF EMPLOYEE : Please circle one of the following statements:

1. I have read my evaluation and I accept it without any reservations.
2. I agree, with reservation on point/s _____
3. I totally disagree.

Further Comments

Signature of Employee _____ Date _____

Received by Personnel Director _____ Date _____