



## PERFORMANCE EVALUATION FORM EXEMPT STAFF

Employee Name \_\_\_\_\_

PEID \_\_\_\_\_  
(Datatel number)

Position Title \_\_\_\_\_

Period covered \_\_\_\_\_

### PERFORMANCE LEVELS

- |                            |   |
|----------------------------|---|
| <b>E Exemplary</b>         | Performance consistently exceeds all expectations.                  |
| <b>D Distinguished</b>     | Performance generally exceeds job requirements; well above average. |
| <b>C Competent</b>         | Meets all job responsibilities in this area.                        |
| <b>N Needs Improvement</b> | Performance needs improvement with guidance.                        |
| <b>U Unacceptable</b>      | Performance is well below minimum standards.                        |
| <b>N/A Not applicable</b>  | Does not apply to this position/person.                             |

### PERFORMANCE FACTORS

***From the Performance Levels above, assign a letter that best explains each performance factor. Add any comments if necessary.***

**PART I:** These factors relate to an evaluation of performance for the current appraisal period.

**OBJECTIVES:** Discusses and develops objectives with supervisor when working multiple objectives; reaches objectives on a timely basis; identifies and prioritizes emerging objectives; overcomes obstacles in accomplishing objectives.

Comments:

**LEADERSHIP:** Takes initiative: requires minimum guidance; assesses problems, develops alternative solutions, takes action, gets things done, exerts constructive influence when working with others.

Comments

**HUMAN RELATIONS:** Courteous, helpful, committed to public relations; uses tact in delicate situations; disagrees (when necessary) in an agreeable manner; treats others with respect

Comments

**COMMUNICATION:** Conveys oral and written communication clearly and logically; keeps others well informed; listens actively and responds appropriately; attends regularly scheduled meetings.

Comments

**JOB KNOWLEDGE/PROFESSIONAL GROWTH:** Involved in self-directed learning; displays critical self appraisal; sets targets for professional growth and advances towards targets; keeps abreast of literature in the field; participates in professional organizations.

Comments

**INNOVATION:** Seeks new ways of improving services, productivity: open to change; critically assesses the value of consequences of new ideas; willing to try new ideas.

Comments

**RESOURCE UTILIZATION:** Makes good use of available resources; budgets time wisely on a priority basis; makes reasonable requests for resources and works toward cost containment; guards against waste/pilferage of material sources.

Comments

**PLANNING:** Sets work goals; establishes procedures for work accomplishment; organizes work activities and coordinates activities with peers who work on same projects; exercises foresight in judgment.

Comments

**TEAMWORK AND CONFLICT MANAGEMENT:** Displays cooperative behaviors and willingness to work as a team member; helps colleagues; settle disputes; moderates disagreements among subordinates, resolves differences.

Comments

**DEPARTMENTAL/INSTITUTIONAL ASSESSMENT GOALS:** Employee's contribution towards achieving the department's institutional assessment goals for the previous year.

Comments

\*\*\*\*\*

**PART II:** These items relate to the next appraisal period; e.g., setting goals, sharing expectations on job performance needed to attain these goals, and identifying ways for employee growth and development.

### **PERSONAL AND ORGANIZATIONAL GOALS**

Comments:

### **JOB PERFORMANCE EXPECTATIONS (Attitude, creativity, supervisory skills)**

Comments:

**EMPLOYEE GROWTH AND DEVELOPMENT (employee interest and assessment of potential for advancement)**

Comments:

**WAYS FOR SUPERVISOR TO HELP ACHIEVE THESE GOALS**

Comments:

**OVERALL EVALUATION**

Using the criteria in this performance review as a guideline, assign one of the following performance levels for the employee's overall performance (check one only)

☐ Exemplary   ☐ Distinguished   ☐ Competent   ☐ Needs Improvement   ☐ Unacceptable

Comments:

**SIGNATURES**

I certify by my signature below that the contents of this performance review have been discussed with the employee.

Supervisor: \_\_\_\_\_ Date : \_\_\_\_\_

I certify by my signature below that this performance review has been discussed with me. I have read and understand the contents. I understand that my signature does not necessarily indicate agreement with statements made herein.

Employee: \_\_\_\_\_ Date : \_\_\_\_\_

***Please return the completed evaluation form to the Temple College Human Resources office.***