



Faculty and Staff Evaluation

FY07 Annual Employee Performance Review

Must be completed in ink. Please PRINT

Employee's Name & Datatel ID#	Title	<input type="checkbox"/> Classified <input type="checkbox"/> Prof/Tech <input type="checkbox"/> Administrator	Department
Supervisor's Name	Title		Department
Review Date	<input type="checkbox"/> Self Evaluation <input type="checkbox"/> Supervisor's Evaluation		

Must be completed in ink. Please PRINT.

	Exceeds Requirements	Meets Requirements	Needs Improvement	Not Applicable
I. Basic Job Requirements				
A. Understanding of the Job: Does employee have adequate knowledge and skills related to the requirements to complete the variety of tasks required by the job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Quality of Work: Is the quality of work acceptable and does it meet established standards? Is the employee accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Productivity and Efficiency: Does employee complete assignments on schedule, use resources wisely and manage time effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Reliability, Dependability: Does the employee follow through on assigned tasks to completion as expected? Is the employee reliable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Initiative: Does the employee demonstrate initiative and resourcefulness by taking appropriate action with a minimum of direction as situations arise? Does the employee seek opportunities to learn new skills, and make suggestions for improving work processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List specific areas for improvement, if any:

1. _____
2. _____
3. _____
4. _____
5. _____

List strengths. What does this employee do well?

1. _____
2. _____
3. _____
4. _____
5. _____

	Exceeds Requirements	Meets Requirements	Needs Improvement	Not Applicable
A. Planning and Organizing: Does the employee set individual objectives and goals, and establish appropriate priorities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Problem Solving: Does the employee identify and evaluate alternative solutions and make appropriate decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Creativity: Does the employee generate and propose new concepts, approaches, and methods to improve task outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Flexibility: Does the employee demonstrate an ability to adjust to changing job requirements or other unforeseen constraints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Job Specific Attributes

- A. **Planning and Organizing:** Does the employee set individual objectives and goals, and establish appropriate priorities?
- B. **Problem Solving:** Does the employee identify and evaluate alternative solutions and make appropriate decisions?
- C. **Creativity:** Does the employee generate and propose new concepts, approaches, and methods to improve task outcomes?
- D. **Flexibility:** Does the employee demonstrate an ability to adjust to changing job requirements or other unforeseen constraints?

List specific areas for improvement, if any:

1. _____
2. _____
3. _____
4. _____
5. _____

List strengths. What does this employee do well?

1. _____
2. _____
3. _____
4. _____
5. _____

	Exceeds Requirements	Meets Requirements	Needs Improvement	Not Applicable
A. Communication: Does the employee provide accurate and clear written and verbal information; present information effectively; listen effectively; comprehend and follow direction; and ask appropriate and timely questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Cooperation: Does the employee give assistance to others to enable colleagues or the team to meet stated goals and objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Teamwork: Does the employee work effectively with others to accomplish common goals and objectives and use formal and informal methods to improve the productivity of the group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Conflict Resolution: Does the employee take initiatives to address situations involving conflict? Does the employee appropriately resolve differences with little disruption to the work environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Interpersonal Skills

- A. **Communication:** Does the employee provide accurate and clear written and verbal information; present information effectively; listen effectively; comprehend and follow direction; and ask appropriate and timely questions?
- B. **Cooperation:** Does the employee give assistance to others to enable colleagues or the team to meet stated goals and objectives?
- C. **Teamwork:** Does the employee work effectively with others to accomplish common goals and objectives and use formal and informal methods to improve the productivity of the group?
- D. **Conflict Resolution:** Does the employee take initiatives to address situations involving conflict? Does the employee appropriately resolve differences with little disruption to the work environment?

List specific areas for improvement, if any:

1. _____
2. _____
3. _____
4. _____
5. _____

List strengths. What does this employee do well?

1. _____
2. _____
3. _____
4. _____
5. _____

IV. Other Comments

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____