

**STAFF PERFORMANCE APPRAISAL**

**Probationary Period**

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| --- | --- | --- | --- |
| **Name:** | **Title:** | | **Date:** |
| **Department:** | | **UC Hire Date:** | **Time in Current Title (yrs/mos):** |
| **Division/Section:** | **Merit Review Date:** | | **Rating Period:** |

## I. PRIMARY RESPONSIBILITIES

List the employee’s primary job responsibilities:

**II. PERFORMANCE CATEGORIES**

Using the rating scale described below, select ratings which you believe best match the employee’s actual performance.

**RATING SCALE**

**E = Exceeds expectations.** Performance shows mastery of the skills and tasks involved and exceed desired results. Performance is consistently excellent, and is characterized by major. Outstanding achievements.

**M = Meets expectations.** Performance displays a level of competence. Performs job with skills sufficient to achieve desired results to meet job requirements. Performance is consistently good.

**NI = Needs to improve.** Performance in some areas is below acceptable levels and indicates room for improvement to meet goals and objectives. Performance is marginally satisfactory.

**B = Below standards.**  Immediate performance improvement is needed.

**PD = Performance is developing.** Improvement is needed to meet goals & objectives on a consistent basis. (For employees on probation or in training on a new assignment of function.)

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| **PERFORMANCE CATEGORY** | **SUPEVISOR’S COMMENTS** | **SUP** |
| **Quality of Work:** Accuracy, thoroughness, neatness, and acceptance of finished product or service to meet expectations |  |  |
| **Productivity:** Volume of work performed meets productivity goals. |  |  |
| **Job Knowledge:** Understanding of daily job requirements such as equipment operation, systems navigation, policies and procedures, and methods. |  |  |
| **Versatility:** Showing flexibility to respond and adjust to fluctuations in the workload or operational priorities. |  |  |
| **Managing Relationships:** Woks effectively with other people. |  |  |
| **Attendance:** Attendance and punctuality are consistent. |  |  |
| **Communication:** Ability to communicate clearly and concisely, both verbally and in writing |  |  |
| **Organizing:** Effectively plans and organizes work by setting priorities and adjusts them to meet changing needs |  |  |
| **Teamwork:** Can be counted on to help others inside and outside the department to accomplish goals. |  |  |
| **Initiative:** Self-motivated; initiates action to improve operations and prevent or solve problems. |  |  |
| **Innovation:** Identifies, develops and communicates ideas/opportunities for the department that may improve service and/or reduce costs. |  |  |
| **Professional Improvement:** Consistently seeks methods to improve his or her professional development. |  |  |
| **Reliability:** Is dependable and follows through on commitments in a timely manner. Can be relied upon to see tasks through to completion. |  |  |
| **Customer Focus:** takes initiative to understand the needs of internal and external customers |  |  |
| **Professionalism:** As a representative of the school, presents a businesslike appearance and demeanor, which would instill confidence in others. |  |  |
| **Other:** |  |  |
|  |  |  |

**OVERALL PERFORMANCE RATING**

Using the rating scale presented above, please select an overall performance rating. Select the rating which best represents the employee’s overall performance by indicating the rating letter (E, M, NI, B) in the space below. You may also use a plus (+) or minus (-) sign.

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| --- | --- |
|  | **Rating:** |
| **E –** Exceeds Expectations |  |
| **M –** Meets Expectations |  |
| **NI –** Needs Improvement |  |
| **B –** Below Standards |  |

**III. SUPERVISOR’S COMMENTS**

Summarize overall performance accomplishments and areas you encourage the employee to develop during the next review period. If **“NI”** or **“B”** ratings are given, please provide comments to explain the ratings.

**IV. PROFESSIONAL DEVELOPMENT PLAN**

This section is to be completed jointly by the supervisor and employee after discussing performance ratings. Decide on three to five areas of performance the employee will concentrate on improving during the next review period. Specify any needed training, job coaching or self-study which will support the employee in accomplishing their goals.

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| **DEVELOPMENT PLAN** | **TARGET DATES** |
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**APPROVALS**

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**Manager/Supervisor Signature Date**

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**Evaluating Manager/Supervisor (Print name/title)**

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**Reviewing Manager Signature Date**

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**Reviewing Manager (Print name/title)**

My signature acknowledges only that I have thoroughly discussed this review with my supervisor and I have received a copy.

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Employee Date