Date:

Name: Job Title:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Knowledge of Work** |  |  |  |  |  |  |
| Consider knowledge of job gained through experience, general education and specialized training. | Well informed onall phases of work. | Well roundedjob knowledge.Infrequently requiresassistance. | Adequate grasp ofessentials. Someassistance required. | Requiresconsiderableassistance. | Inadequateknowledge.Requiresimprovement to retain. | Has ImprovedMaintainsConsistencyHas Regressed |

**COMMENTS:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quantity of Work** |  |  |  |  |  |  |
| Consider the volume of work produced under normal conditions regardless of errors. | Rapid worker. Produces exceptionally high volume. | Above average volume. | Average volume. | Volume below average. | Inadequatevolume.Requiresimprovement to retain. | Has ImprovedMaintainsConsistencyHas Regressed |

**COMMENTS:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quality of Work** |  |  |  |  |  |  |
| Consider neatness, accuracy, and dependability of results regardless of volume. | Exceptional quality. Practically no mistakes. | Above average quality. Infrequent errors or rejections. | Acceptable, seldom necessary to check work. | Often unacceptablefrequent errors or rejections. | Excessive errors or rejections. Requires improvement to retain. | Has ImprovedMaintainsConsistencyHas Regressed |

**COMMENTS:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Initiative** |  |  |  |  |  |  |
| Consider contribution of new ideas and methods. Self-starter. Works independently toward approved goals. | Consistently and aggressively works toward approved goals. | Frequently sets and works toward approved goals. | Initiates activity within normal routine. | Seldom initiates activity during normal routine. | Needs frequent direction. Requires improvement to retain. | Has ImprovedMaintainsConsistencyHas Regressed |

**COMMENTS:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dependability/****Responsibility** |  |  |  |  |  |  |
| Consider the degree to which he/she can be relied upon to carry out duties. | Consistently fulfills all job responsibilities and duties. Totally reliable. | Can be depended upon to get the job done with little or no follow up. Very reliable. | Assumes all responsibilities specifically assigned. Reliable. | Accepts some responsibilities,but must be reminded. | Fails to accept responsibility even when specifically assigned. Requires improvement to retain. | Has ImprovedMaintainsConsistencyHas Regressed |

**COMMENTS:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quality of Interpersonal****Relationships** |  |  |  |  |  |  |
| Consider the degree to which employee interacts and works harmoniously with the public, co-workers, faculty, students, and staff. | Use of exceptional tact and diplomacy. Cooperation and promotion of teamwork. | Cooperates well with others. Frequently promotes teamwork and harmony. | Adequate skills at promoting teamwork and harmony. | Has difficulty interacting with people. | Frequent conflicts with others. Requires improvement to retain. | Has ImprovedMaintainsConsistencyHas Regressed |

**COMMENTS:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Punctuality** |  |  |  |  |  |  |
| Consider prompt attendance with regards to employee’s responsibilities. | Consistently prompt. | Regularly prompt. | Seldom tardy. | Frequent tardiness. Impacts job performance. | Excessive tardiness. Requires improvement to retain. | Has ImprovedMaintainsConsistencyHas Regressed |

**COMMENTS:**

What is your overall evaluation of employee?

❒ Excellent ❒ Above average ❒ Average ❒ Poor ❒ Unsatisfactory

**Comments:**

Director Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Immediate Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_