

# Performance Evaluation/Staff Development Form for Employees in Non-Exempt Classifications

To Supervisors:

This form is authorized for the evaluation of employees in non-exempt classifications. The purpose of this evaluation is to assist in accurately appraising Classified Staff employees, to enhance the supervisor/employee relationship, to improve the motivational climate, to serve as a useful tool in the growth and development of employees, and may be used to provide an objective means for allocating compensation increases.

As a complement to this form, it is strongly recommended that supervisors ask staff members to concurrently complete a copy of this form and to bring the completed forms at a designated time for review and discussion along with discussion of this performance evaluation form. While use of the self-evaluation form by supervisors and/or staff members is optional, its use is suggested as a tool to stimulate constructive dialogue regarding work performance. Participation in self-evaluation is intended to ensure the involvement of employees in their own evaluation process, to help establish directions for future activities and to assist in continuous improvement of the quality of services.

Name of Staff Member: \_\_\_\_\_

Social Security Number of Staff Member: \_\_\_\_\_

Classified Title: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Employment With the University: \_\_\_\_\_

Length of Service in Present Position: \_\_\_\_\_

Length of Service Under Your Supervision: \_\_\_\_\_

Please place an "X" next to the appropriate evaluation type.

TYPE OF EVALUATION	
	Annual Performance Review
	Successful Completion of Initial Employment Probation Period
	Extension of Probation Period
	Beginning Probation for Poor Work Performance/Habits
	Successful Completion of Probation for Poor Work Performance/Habits
	Dismissal
	Other (Please specify):

PERIOD COVERED: FROM \_\_\_\_\_ (date) TO \_\_\_\_\_ (date)

**A. EVALUATION** - The purpose of this section is to provide an opportunity for the supervisor to evaluate the staff member through the identification of successes and areas for improvement relative to specific job-related factors.

<b>CUSTOMER SERVICE:</b> (effective communication; follow-through; listening skills; timeliness; responsiveness)
<b>Successes:</b>
<b>Areas for Improvement:</b>

<b>JOB SKILLS/KNOWLEDGE:</b> (level/range of work-related skills; understanding of various required work assignments; facility with work tools/equipment)
<b>Successes:</b>
<b>Areas for Improvement:</b>

<b>PRODUCTIVITY:</b> (amount/volume of work accuracy; quality; timeliness; initiative; problem solving)
<b>Successes:</b>
<b>Areas for Improvement:</b>

**TEAMWORK:** (working relationships; adaptability; commitment to unit goals)

**Successes:**

**Areas for Improvement:**

**WORK HABITS:** (attendance; punctuality; availability; accessibility; adherence to policies; procedures, or practices)

**Successes:**

**Areas for Improvement:**

**OVERALL PERFORMANCE:** (contribution to overall mission)

**Comments:**

**B. PERFORMANCE IMPROVEMENT PLAN** - Please identify specific measures and corresponding time frames that will improve performance. Please include University-sponsored training programs, as well as other educational or skills training opportunities which could assist in developing work performance.

<b>Plan:</b>
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**C. STAFF MEMBER=S COMMENTS**

This evaluation was discussed with me on \_\_\_\_\_.  
(date)

[ ] I believe this is a fair and objective evaluation.      [ ] I do not agree with this evaluation for the following reasons:

Comments:

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Staff Member=s Signature:

Date:

**Supervisor's  
Signature/Title:**

**Date:**

**Reviewer's Signature/Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please provide a copy of this evaluation to the staff member after all signatures have been obtained.*