Professional Staff

(Directors, Department Chairs, and Coordinators) Annual Personnel Evaluation

Directions: Must type responses or use permanent ink.

Employee's Name: _____

Employee's Title: _____

Supervisor's Name: _____

Supervisor's Title: _____

Review Date: _____

Self-Evaluation ____ or Supervisor's Eval. ____

Basic Job Requirements						
Category	Exceeds	Meets	Needs	Not		
	Requirements	Requirements	Improvement	Applicable		
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?						
Quality of Work: Is the quality of work						
acceptable and does it meet established						
standards? Is the employee accurate?						
Productivity and Efficiency: Does the						
employee follow through on assigned						
tasks to completion as expected? Is the						
employee reliable?						
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						
made suggestions for improving work						
process?						
Service Leadership: Does the employee						
demonstrate a desire to serve, show a						
willingness and readiness to provide good						
service to students, faculty, staff, and/or						
the public?						
Service Leadership: Does the employee						
exhibit honesty, confidentiality, integrity,						
and a strong work-ethic while performing						
job duties?						

Job Specific Attributes								
Category	Exceeds	Meets	Needs	Not				
	Requirements	Requirements	Improvement	Applicable				
Planning and Organizing: Does the								
employee establish and meet								
appropriate priorities?								
Problem Solving: Does the employee								
identify and evaluate alternative								
solutions and make appropriate								
decisions?								
Creativity: Does the employee generate								
and propose new concepts, approaches,								
and methods to improve task outcomes?								
Service Leadership: Does the employee								
manage the resources entrusted to								
him/her with efficiency and economy?								
				+				
Service Leadership: Does the employee								
take ownership of job duties and himself								
or herself accountable for projects and								
job duties?								
	Interpersonal S		1 . .	1				
Category	Exceeds Requirements	Meets Requirements	Needs Improvement	Not Applicable				
Communication: Does the employee								
provide accurate and clear written and								
verbal information; present information								
effectively; listens effectively;								
comprehend and follow direction; and								
ask appropriate and timely questions?								
Cooperation: Does the employee give								
assistance to others to enable colleagues								
or the team to meet stated priorities?								
Teamwork: Does the employee work								
effectively with others to accomplish								
common goals and objectives and use								
formal and information methods to								
improve the productivity of the group?								
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?								
Service Leadership: Does the employee								
strive to cultivate and maintain positive								
working relationships and demonstrate								
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an attitude of respect towards								

Explanation: If appropriate, please provide examples to support times when employee "Exceeded Requirements" for any of the categories included in this evaluation. You may use additional space if necessary.

Explanation: If appropriate, please list areas for specific improvement. Anything listed should be followed up with a supervisor's memo to the employee with a detailed description for an employee growth plan, complete with objectives and timelines for completion.

Other Comments:

Supervisor/Evaluator's Signature: ______ Date: _____ Date: _____

Acknowledgement

Your signature verifies that the evaluation was discussed with you and that you received a copy. It does not mean that you agree with its contents. Any rebuttable should be written to the supervisor for attachment to the evaluation form to be included in the employee's personnel file.

Employee's Signatu	ure:	
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Date: _____