Performance Appraisal - Staff

Employee Name:_____ID/SS#: _____

Position/Title:_____Date:_____

Appraisal Period: From _____to _____ Supervisor:_____(n/a)

Appraisal Type – Period: ☐ End of Probation ☐ Annual ☐ Other _____

Use the following scale:

Exceptional = Far Exceeds Expectations
Exceeds = Exceeds Expectations
Meets = Meets Expectations
Does Not Meet = Does Not Meet Expectations
Unsatisfactory = Far Below Expectations / Unsatisfactory Performance

1. **Quality of Work**: (accuracy, reliability, appearance, presentation, thoroughness, organization)

   ☐ Exceptional ☐ Exceeds ☐ Meets ☐ Does Not Meet ☐ Unsatisfactory

   Additional Comments:

2. **Quantity of Work**: (volume of acceptable work, consistency, speed)

   ☐ Exceptional ☐ Exceeds ☐ Meets ☐ Does Not Meet ☐ Unsatisfactory

   Additional Comments:

3. **Knowledge of Job**: (specialized knowledge required to perform job. Consider degree of knowledge relative to length of time in current position)

   ☐ Exceptional ☐ Exceeds ☐ Meets ☐ Does Not Meet ☐ Unsatisfactory

   Additional Comments:

4. **Communication**: (effectively conveys and understands ideas/concepts, information and direction. Confirms information for accuracy. Clear written and oral communications)

   ☐ Exceptional ☐ Exceeds ☐ Meets ☐ Does Not Meet ☐ Unsatisfactory

   Additional Comments:

5. **Initiative/Resourcefulness**: (resourcefulness, creativity and independence in meeting objectives. Development of new ideas, procedures and methods to compensate for and meet changing circumstances)

   ☐ Exceptional ☐ Exceeds ☐ Meets ☐ Does Not Meet ☐ Unsatisfactory

   Additional Comments: ☐

6. **Assertiveness/Motivation**: (results oriented, desires to excel, works steadily and actively, pursues goals with commitment and takes initiative eagerly)

   ☐ Exceptional ☐ Exceeds ☐ Meets ☐ Does Not Meet ☐ Unsatisfactory

   Additional Comments:

7. **Cooperation**: (support for organizational and department goals, willingness to undertake new assignments, effectively maintains relationships needed to address opportunities and/or problems that may arise with respect to his/her position)

   ☐ Exceptional ☐ Exceeds ☐ Meets ☐ Does Not Meet ☐ Unsatisfactory

   Additional Comments:

8. **Attendance**: (availability for work, maintains regular attendance, reports to work on time, communicates schedule changes to supervisory personnel, available to complete responsibilities of position)

   ☐ Exceptional ☐ Exceeds ☐ Meets ☐ Does Not Meet ☐ Unsatisfactory

   Additional Comments:

9. **Planning/Organization**: (effectively plans and implements assignments, anticipates possible obstacles to completing assigned tasks and compensates accordingly, meets deadlines, prioritizes duties on a daily basis, compensates for emergencies, use of time and resources at his/her disposal)

   ☐ Exceptional ☐ Exceeds ☐ Meets ☐ Does Not Meet ☐ Unsatisfactory

   Additional Comments:

10. **Other**: (If applicable, list factors not considered in previous categories. Consider only those specific to position.)

    ☐ Exceptional ☐ Exceeds ☐ Meets ☐ Does Not Meet ☐ Unsatisfactory

    Additional Comments:

OVERALL PERFORMANCE RATING

Check only one (required):

- ☐ Exceptional = Far Exceeds Expectations
- ☐ Exceeds = Exceeds Expectations
- ☐ Meets = Meets Expectations
- ☐ Does Not Meet = Does Not Meet Expectations
- ☐ Unsatisfactory = Far Below Expectations / Unsatisfactory Performance

Supervisor's Comments: ☐ *Check if additional sheets attached*

Employee's Comments: (optional for employee. If employee does not comment, he/she must check and initial below)
[ ] I have been given the opportunity to have my comments included as a part of this Performance Appraisal and have chosen not to do so. _____ (initial) [ ] *check if additional sheets attached*

Development Plan For Next Appraisal Period:
(complete for next appraisal period)

1. **Primary Job Duties and/or Assignments**:

2. **Desired improvements or changes in employee's job performance**:

3. **Supported development activities and training for upcoming period**:

4. **Date of next Appraisal/Review of the above**:

Signatures: (Note to Employee: Your signature certifies that you have had the opportunity to read and discuss this appraisal with your supervisor. Your signature does not imply that you agree or disagree with the appraisal.)

Employee Signature: _____ Date: _____

Appraisal Completed by (Supervisor): _____ Date: _____

Approved by: _____ Date: _____

Performance Appraisal Example - Staff 04.doc

Adaptation - 2004