

EMPLOYEE PLANNING AND PERFORMANCE REVIEW FORM

Employee Name		Employee ID	
Classification		Department	
Date of Last Evaluation		Type of Evaluation	

REVIEW TYPE (Please select one. Temporary employees receive annual or additional reviews only.)

1st Probationary

2nd Probationary

3rd Probationary

Additional Reason: _____

Annual (Annual Reviews reflect performance from July 1st – June 30th of each fiscal year.)

REVIEW PERIOD

From: _____ to _____
 (mm/yyyy) (mm/yyyy)

Complete the following sections of the Employee Planning and Performance Review Form.

PLEASE NOTE:

- Before completing this form with the employee being reviewed, please discuss and review it with your Administrative Services Manager (ASM).
- Issues of attendance, reliability, dependability, etc. should be addressed in Section III Item C.
- Any questions or concerns regarding the performance review process should be directed to your ASM or Staff Human Resources.

5 Exemplary: This rating is reserved for the highest level of performance that consistently exceeds standards and expectations during evaluation period. An employee receiving this rating should have a consistent record of achievement.

**SECTION I
REQUIRED CRITERIA**

(Use specific behavioral examples to support ratings in every category. Specific examples are mandatory for both exemplary and unacceptable ratings)

1. JOB SKILLS – IMPORTANCE TO POSITION

Critical

Very Important

Important

Consider the ability needed to perform the major responsibilities of this job as noted in the position description. Does the employee consistently demonstrate exceptional skills in performing the major responsibilities of this job as noted in the position description? Does the employee often fail to demonstrate skills to perform the major responsibilities of this job? Are major responsibilities being completed?

Exemplary	Commendable	Satisfactory	Needs Improvement	Unacceptable	N/A
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Please support your rating in the narrative section below

2. AMOUNT OF WORK – IMPORTANCE TO POSITION

Critical

Very Important

Important

Consider the amount of work performed as it relates to achieving the tasks and goals of this position. Are exceptional amounts of work being produced? Is the employee going above and beyond? Is the employee meeting the standards set for this position? Is the employee failing to complete work related to this position?

Exemplary	Commendable	Satisfactory	Needs Improvement	Unacceptable	N/A
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Please support your rating in the narrative section below

3. QUALITY OF WORK – IMPORTANCE TO POSITION

Critical

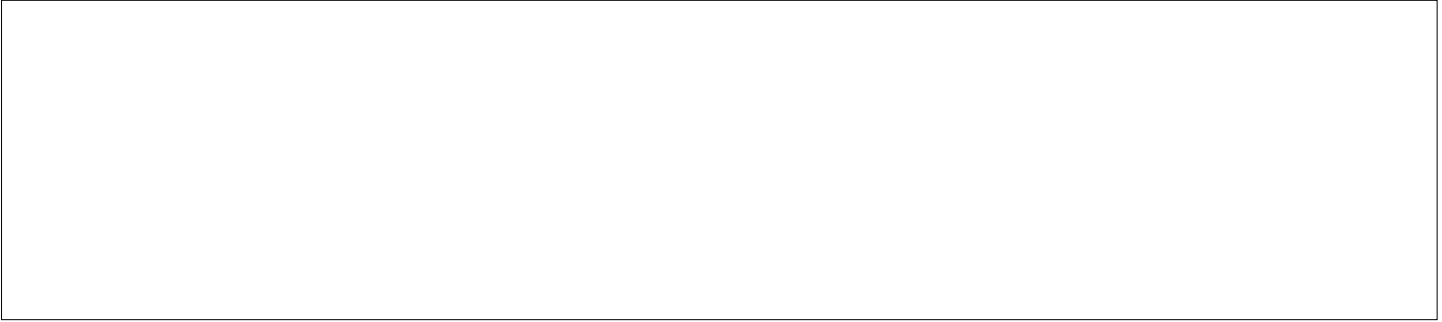
Very Important

Important

Consider accuracy, organization, effectiveness, and completeness of the employee's work and the degree to which the employee follows through on assignments and completes them on time. Consider how the work compares to quality performance standards and goals for the employee's position. Also consider the amount of supervisory review required to assure work quality. Is the employee going above and beyond expectations? Are deadlines being met?

Exemplary	Commendable	Satisfactory	Needs Improvement	Unacceptable	N/A
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Please support your rating in the narrative section below



SECTION II
ADDITIONAL OR ENHANCING CRITERION

(Add additional criteria if needed. Please describe each additional performance criterion below)

7. SUPERVISORY/LEAD RESPONSIBILITIES – IMPORTANCE TO POSITION

Critical

Very Important

Important

Consider ability to plan, organize, delegate, and follow up on work-flow to meet unit's goals and objectives. Provides clear expectations and constructive feedback to subordinates on a consistent basis. Consistently treats subordinates fairly

**SECTION III
EMPLOYEE DEVELOPMENT (CONTINUED)**

C. Provide specific examples that occurred during this review period which demonstrate this employee's need for improvement.

D. What specific training, professional development, or other learning experiences and goals for the next evaluation period would you recommend for this employee's performance and development plan.

OVERALL RATING

Exemplary	Commendable	Satisfactory	Needs Improvement	Unacceptable	N/A
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EMPLOYEE COMMENTS (to be completed by employee only): Please attach an additional sheet if necessary.

Employee Signature and Date *(Signature does not indicate agreement)*

Department/Unit Evaluator's
Signature and Date

Appropriate Administrator
Signature and Date

Department Use (Optional)
Signature and Date

Draft copy of this evaluation presented to employee on: