

Wilberforce University

EMPLOYEE PERFORMANCE EVALUATION

Employee Name: _____

Date of Review: _____

Job Title: _____

Job Start Date: _____

Evaluation Period: (Check box)

Date of Last Review: _____

6 month review

Annual Review

Other

The principal objective of an evaluation is to assist in professional development by identifying strengths and areas for improvement. Evaluations enable management to assess an individual's job performance and determine appropriate promotion opportunities and compensation.

1. Both the employee and the supervisor should have a copy of the current job description.
2. If you wish to have the employee participate in self-evaluation, provide a copy for the employee to use as a worksheet. Allow enough time for thoughtful review. Self-evaluation is helpful in stimulating discussion of ways in which supervisor and employee can work together to increase effectiveness.

The following rating scale is used to describe the performance of an individual in each of the categories.

5 = Special Merit	Performs Exceptionally Well	Performance <u>consistently exceeds expectations</u> for the job.
4 = Merit	Performs Very Well	Performance <u>often exceeds expectations</u> for the job.
3 = Good	Performs Well	Performance <u>consistently meets expectations</u> for the job.
2 = Needs Improvement		Performance <u>sometimes meets expectations</u> for the job.
1 = Unsatisfactory		Performance <u>does not meet expectations</u> for the job.

3. When giving a rating of 5 or 1, the Evaluator must provide an explanation for that rating in the comments section for that category.
4. Supervisor and employee must discuss the evaluation. Both the supervisor and employee must sign the form and both must have an opportunity to add comments.
5. All ratings are reviewed and approved by the next-higher-level supervisor than the one who prepared the rating.

6. The employee signs the form to acknowledge that s/he has seen the report and has been apprised of his/her evaluation. The employee has a right to make a written statement or rebuttal on the form at the time of the evaluation.
 7. The original form with the final ratings, comments and signatures is retained in the employee's file in Human Resources. A copy must also be maintained in the employee's file within the department
 8. A copy of the signed evaluation should be provided to the employee within 30 days of the date of the evaluation or upon request.
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Major Responsibilities (Essential Functions): List the major responsibilities (*essential functions*) of the position in the approximate order of importance or attach a copy of the most current job description.

1.
2.
3.
4.
5.
6.
7.
8.
9.

Performance Factors Rating: Using the following definitions, rate the employee’s performance for each of the performance factors as it relates to the employee’s job duties/responsibilities. *Add total ratings for each performance factor to equal “average rating”.*

Job Understanding:	5	4	3	2	1	N/A
a) Understands job duties and responsibilities.						
b) Possesses sufficient skill and knowledge to perform all parts of the job effectively, efficiently and safely.						
c) Understands and promotes University Mission and Core Values.						
d) Makes an active effort to stay current with new developments.						
Comments: Average Rating: _____						
Quality of Work/Organizational Skills:	5	4	3	2	1	N/A
a) Attentive to detail and accuracy.						
b) Demonstrates thoroughness, completeness, follow through on presentation and appearance of work.						
c) Ability to prioritize workload.						
d) Ability to manage information flow (<i>including internal and external communication, and filing/documentation</i>).						
Comments: Average Rating: _____						
Dependability/Reliability	5	4	3	2	1	N/A
a) Punctuality and regularity in attendance: arrives on time and ready for the workday.						
b) Completes tasks satisfactorily. <ul style="list-style-type: none"> ○ <i>Meets commitments</i> ○ <i>Works independently</i> ○ <i>Handles change</i> ○ <i>Stays focused under pressure</i> 						

Comments:	Average Rating: _____
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Communication Skills:	5	4	3	2	1	N/A
a) Listens effectively and responds clearly and directly.						
b) Makes effective oral and written communication clear and easy to understand.						
c) Interacts with others in a helpful and informative manner.						
Comments: Average Rating: _____						

Interpersonal Skills and Teamwork:	5	4	3	2	1	N/A
a) Encourages and enhances teamwork.						
b) Works effectively with other employees/departments.						
c) Helps improve work processes.						
d) Helps to accomplish specific task.						

Comments:	Average Rating: _____
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Professionalism:	5	4	3	2	1	N/A
a) Promotes and treats peers with mutual respect.						
b) Demonstrates integrity and deals well with ethical and confidential issues.						
c) Demonstrates commitment to the University's stated Mission and Core Values.						

Comments:	Average Rating: _____
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Initiative/Innovation:	5	4	3	2	1	N/A
a) Self-directed, resourceful, creative toward meeting job objectives, eagerly takes initiative.						
b) Analyzes problems and suggests effective solutions.						
Comments: Average Rating: _____						
Motivation:	5	4	3	2	1	N/A
a) Displays drive, energy and a positive attitude in completing assigned tasks.						
b) Handles several responsibilities concurrently and comfortably.						
Comments: Average Rating: _____						

<p>Overall Rating: _____/Out of a possible 40</p> <p><i>Add average ratings from each performance factor to determine overall rating.</i></p>
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OBJECTIVES: *List specific position goals and staff development opportunities to work toward during the next evaluation period. Include time frames, criteria for completion, and planned supervisor actions to assist.*

GOALS: *If applicable, review progress toward goals and staff development achievements established for this evaluation period. Be sure to include any additional goals established during the course of the rating period. Discuss not only strengths and/or significant accomplishments but also difficulties, possible causes and recommended actions.*

SIGNATURES: *I acknowledge that I have seen this report and have been apprised of my evaluation. I understand that I may make a written statement on this form agreeing or disagreeing with the outcome.*

Employee Statement/Comments:

Employee: _____ **Date:** _____

Supervisor: _____ **Date:** _____

Supervisor/Department Head: _____ **Date:** _____

Employee must receive a signed copy of this evaluation within 30 days or upon request. NO changes are to be made to the evaluation once the employee has signed the form.