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| **Instructions**: This form provides a template for supervisors to provide the required annual performance review for EHRA Non-Faculty employees. Supervisors must use this template. Each EHRA Non-Faculty employee must receive a written annual performance evaluation covering the immediately preceding July 1 through June 30, and should be delivered and discussed with the employee no later than June 30 of each year.  Employees with start dates after the previous June 1 should be reviewed from their start date to June 30. Employees who have been in their present position less than 90 days as of June 30 may have an optional interim or await the next performance cycle for completion of the required annual review. | |
| **Employee Name:** | **Banner ID:** |
| **Job Title:** | |
| **Division/Unit:** | **Department:** |
| **Appraisal Begin Date:** | **Appraisal End Date:** |
| **Date of Interim Review Discussion:**  **(To be completed at mid-year)** | **Date of Final Performance Appraisal Discussion:**  **(To be completed at year-end)** |
| **Individual Performance Categories – All Employees** | |
| **COMMUNICATIONS SKILLS:** The extent to which the employee is able to effectively utilize verbal and/or written expression in communicating with colleagues, clients, supervisory management and other individuals in the work setting. Satisfactory performance is indicated by an employee who communicates in a manner that clearly and accurately conveys information, is professional and respectful in tone, is suitable for the target audience, and is concise but sufficient in terms of required detail. Forms of communication evaluated in this category may include but are not limited to verbal, written letters or reports, formal presentations and electronic mail. | |
| **Exceeds Expectations**  **Satisfactory**  **Needs Improvement**  **Not Satisfactory** | |
| **Comments:** | |
| **COLLABORATION AND TEAMWORK:** The extent to which the employee is able to work effectively and productively with colleagues and contributes as a member of a work team or unit. Satisfactory performance is indicated by an employee who establishes good rapport with colleagues, adjusts work style or approaches in a way that encourages or suports productive collaboration and demonstrates respect for diversity and differing points of view among colleagues. Able to resolve conflicts. | |
| **Exceeds Expectations**  **Satisfactory**  **Needs Improvement**  **Not Satisfactory** | |
| **Comments:** | |
| **TECHNICAL/SUBJECT-MATTER EXPERTISE:** The extent to which the employee demonstrates a mastery of the relevant technical or task-specific expertise necessary to perform their assigned duties. This may include knowledge of relevant research methods, technology, procedures, policies or other methods, standards or techniques that are specific to the employee’s position and profession. Satisfactory performance is indicated by an employee who demonstrates relevant technical or subject-matter knowledge at a level sufficient to perform the duties of their position in an accurate and professional manner without requiring an unusual degree of oversight or correction. | |
| **Exceeds Expectations**  **Satisfactory**  **Needs Improvement**  **Not Satisfactory** | |
| **Comments:** | |
| **ORGANIZATION AND TASK MANAGEMENT:** The extent to which the employee is able to organize their work in a manner that facilitates timely and efficient completion of assigned tasks. Satisfactory performance is indicated by an employee who demonstrates a work environment that is maintained in an organized and professional manner, is able to discern and reconcile completing priorities, manages multiple tasks or assignments, appropriately seeks clarification from or provides updates to supervisory management on the status of assigned workloads and generally completes assignments with established deadlines. | |
| **Exceeds Expectations**  **Satisfactory**  **Needs Improvement**  **Not Satisfactory** | |
| **Comments:** | |
| **QUALITY OF SERVICE (CUSTOMER SERVICE):** The extent to which the employee demonstrated the significance and importance of the overall mission of the University. The employee took demonstrable steps to improve customer service by developing and/or implementing measurable and sustainable initiatives to create a culture that is effective, responsive and respectful. | |
| **Exceeds Expectations**  **Satisfactory**  **Needs Improvement**  **Not Satisfactory** | |
| **Comments:** | |
| Individual Performance Categories – Only Employees with Supervisory/Leadership Responsibilities | |
| **SUPERVISION:** The extent to which the employee provides responsible and effective oversight of individuals under their supervision. Satisfactory performance is indicated by an employee who engenders trust and commitment on the part of the individuals in the work unit, provides clear and reasonable directions to subordinates regarding assigned duties, solicits and is responsive to feedback to help foster a participative and productive work environment and assures civility and respect for diversity among and between members of the work unit. Attention to employee development, providing candid and constructive feedback regarding subordinate performance and adhering to all relevant University Human Resources policies are also critical components of satisfactory supervisory performance. | |
| **Exceeds Expectations**  **Satisfactory**  **Needs Improvement**  **Not Satisfactory** | |
| **Comments:** | |
| **LEADERSHIP:** The extent to which the employee provides effective and demonstrable leadership of the assigned unit, department, division, program or center. Satisfactory performance is indicated by an employee who is proactive in planning and communicating unit goals and objectives, providing good stewardship of assigned resources including budget, space or equipment and assuring that the unit is responsive to its assigned mission. The extent to which leadership is exercised in compliance with all relevant University policies, procedures and business practices is a critical component of satisfactory leadership performance. | |

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| **Exceeds Expectations**  **Satisfactory**  **Needs Improvement**  **Not Satisfactory** |
| **Comments:** |
| **Overall Rating** |
| Please check a rating that reflects the supervisor’s an overall assessment of the employee’s performance during the covered period. The overall rating is not applicable when performing an optional interim review. |
| **Exceeds Expectations**  **Satisfactory**  **Needs Improvement**  **Not Satisfactory** |
| **Supervisor’s Comments:** |
| **Employee’s Comments (optional):** |

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| **Signatures** |
| **Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *Signature Date*  **Supervisor’s Name:** |
| **Next-Level Supervisor Signature**  **(optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *Signature Date*  **Supervisor’s Name:** |
| **Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *Signature Date* |
| *Note: Employee’s signature does not indicate agreement with the contents of this performance evaluation or waive any right to grievance or appeal. The signature only serves to acknowledge receipt of the performance evaluation document.* |

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| **PERFORMANCE IMPROVEMENT PLAN** |
| **This performance improvement plan form MUST be completed when an employee “Needs Improvement” or “Not Satisfactory” on any Skill/Competency during an Interim Review or Final Appraisal.** |
| **Section A: Employee Information** |
| **Employee Name:** |
| **Title:** |
| **Division/Department:** |
| **Section B: Describe the current performance deficiency.**  (Be sure to indicate the Skills/Competencies that relate to the deficiency and whether it “Needs Improvement” or “Not Satisfactory”.) |
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| **Section C: List specific corrective action to be implemented by the employee and steps taken by supervisor.** |
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| **Section D: List the Timeframe(s) or due dates established for improvement.** |
| **Dates for Follow-Up Discussion:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Employee’s Signature/Date) (Supervisor’s Signature/Date)** |
| **Section E: Follow Up** |
| **Did the employee implement corrective action?**  **Yes**  **No**  **If not, what further actions will be taken?**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Employee’s Signature/Date) (Supervisor’s Signature/Date)** |