



**PERFORMANCE EVALUATION FORM
EXEMPT STAFF**

Employee Name _____ PEID _____
Position Title _____ (Datatel number)
Period covered _____

PERFORMANCE LEVELS

- E Exemplary** Performance consistently exceeds all expectations.
- D Distinguished** Performance generally exceeds job requirements; well above average.
- C Competent** Meets all job responsibilities in this area.
- N Needs Improvement** Performance needs improvement with guidance.
- U Unacceptable** Performance is well below minimum standards.
- N/A Not applicable** Does not apply to this position/person.

PERFORMANCE FACTORS

From the Performance Levels above, assign a letter that best explains each performance factor. Add any comments if necessary.

PART I: These factors relate to an evaluation of performance for the current appraisal period.

OBJECTIVES: Discusses and develops objectives with supervisor when working multiple objectives; reaches objectives on a timely basis; identifies and prioritizes emerging objectives; overcomes obstacles in accomplishing objectives.

Comments:

LEADERSHIP: Takes initiative: requires minimum guidance; assesses problems, develops alternative solutions, takes action, gets things done, exerts constructive influence when working with others.

Comments

HUMAN RELATIONS: Courteous, helpful, committed to public relations; uses tact in delicate situations; disagrees (when necessary) in an agreeable manner; treats others with respect

Comments

COMMUNICATION: Conveys oral and written communication clearly and logically; keeps others well informed; listens actively and responds appropriately; attends regularly scheduled meetings.

Comments

JOB KNOWLEDGE/PROFESSIONAL GROWTH: Involved in self-directed learning; displays critical self appraisal; sets targets for professional growth and advances towards targets; keeps abreast of literature in the field; participates in professional organizations.

Comments

INNOVATION: Seeks new ways of improving services, productivity: open to change; critically assesses the value of consequences of new ideas; willing to try new ideas.

Comments

RESOURCE UTILIZATION: Makes good use of available resources; budgets time wisely on a priority basis; makes reasonable requests for resources and works toward cost containment; guards against waste/pilferage of material sources.

Comments

PLANNING: Sets work goals; establishes procedures for work accomplishment; organizes work activities and coordinates activities with peers who work on same projects; exercises foresight in judgment.

Comments

TEAMWORK AND CONFLICT MANAGEMENT: Displays cooperative behaviors and willingness to work as a team member; helps colleagues; settle disputes; moderates disagreements among subordinates, resolves differences.

Comments

DEPARTMENTAL/INSTITUTIONAL ASSESSMENT GOALS: Employee's contribution towards achieving the department's institutional assessment goals for the previous year.

Comments

PART II: These items relate to the next appraisal period; e.g., setting goals, sharing expectations on job performance needed to attain these goals, and identifying ways for employee growth and development.

PERSONAL AND ORGANIZATIONAL GOALS

Comments:

JOB PERFORMANCE EXPECTATIONS (Attitude, creativity, supervisory skills)

Comments:

EMPLOYEE GROWTH AND DEVELOPMENT (employee interest and assessment of potential for advancement)

Comments:

WAYS FOR SUPERVISOR TO HELP ACHIEVE THESE GOALS

Comments:

OVERALL EVALUATION

Using the criteria in this performance review as a guideline, assign one of the following performance levels for the employee's overall performance (check one only)

Exemplary Distinguished Competent Needs Improvement Unacceptable

Comments:

SIGNATURES

I certify by my signature below that the contents of this performance review have been discussed with the employee.

Supervisor: _____ Date : _____

I certify by my signature below that this performance review has been discussed with me. I have read and understand the contents. I understand that my signature does not necessarily indicate agreement with statements made herein.

Employee: _____ Date : _____

Please return the completed evaluation form to the Temple College Human Resources office.