

HR Processed	
Date	By

To be completed by the employee's supervisor ↓

<i>Employee Name</i>		<i>ID Num or SSN</i>	<i>Department</i>	
<i>Position Number</i>	<i>Position Title</i>		<i>Supervisor Name</i>	
<i>Employment Category</i>	<i>Eval Reason (cycle)</i>		<b>Period covered</b>	
<input type="checkbox"/> Classified <input type="checkbox"/> Prof/Mgl	<input type="checkbox"/> Probation <input type="checkbox"/> Asgmt Anniversary	<input type="checkbox"/> Special	<i>From:</i>	<i>To:</i>

*Provide one of the following ratings and your rationale for each item.*

- OUTSTANDING**      Clearly exceptional performance in almost every respect
- GOOD**              Above average fulfillment of job requirements
- SATISFACTORY**      Fulfills normal job requirements
- NEEDS IMPROVEMENT**      Needs to improve to reach acceptable standards of performance
- UNACCEPTABLE**      Substandard level of performance

A. ATTENDANCE. Rate of absenteeism; conforming to work hours.

Rating: \_\_\_\_\_ Rationale: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. COOPERATION. Ability/willingness to cooperate.

Rating: \_\_\_\_\_ Rationale: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. INITIATIVE. Self-motivation, self-reliance, suggestive ability.

Rating: \_\_\_\_\_ Rationale: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. JOB KNOWLEDGE. Knowledge of job, rules, work procedures, and skills.

Rating: \_\_\_\_\_ Rationale: \_\_\_\_\_

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E. WORK QUALITY. Amount, quality, competence, and thoroughness of work.

Rating: \_\_\_\_\_ Rationale: \_\_\_\_\_

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F. OVERALL. Include additional comments.

Rating: \_\_\_\_\_ Rationale: \_\_\_\_\_

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Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature does not imply agreement)

Administrator's signature: \_\_\_\_\_ Date: \_\_\_\_\_