

HR Processed	
Date	By

To be completed by the employee's supervisor ↓

<i>Employee Name</i>		<i>ID Num (Not SSN)</i>	<i>Department</i>	
<i>Position Number</i>	<i>Position Title</i>		<i>Supervisor Name</i>	
<i>Employment Category</i> <input type="checkbox"/> Classified <input type="checkbox"/> Prof/Mgl	<i>Eval Reason (cycle)</i> <input type="checkbox"/> Probation <input type="checkbox"/> Special <input type="checkbox"/> Asgmt Anniversary		Period covered	
			<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

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

Rating: _____ Rationale: _____

2. COOPERATION. Ability/willingness to cooperate.

Rating: _____ Rationale: _____

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

Rating: _____ Rationale: _____

4. **ADAPTABILITY.** Flexibility; evaluates circumstances and adjusts behavior/performance accordingly.

Rating: _____ Rationale: _____

5. **COMMUNICATION.** Organization and expression of thoughts in a clear, logical and concise manner; notifying supervisor regarding pertinent matters.

Rating: _____ Rationale: _____

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

Rating: _____ Rationale: _____

7. **WORK QUALITY.** Amount, quality, competence, and thoroughness of work.

Rating: _____ Rationale: _____

8. **OVERALL.** Include additional comments.

Rating: _____ Rationale: _____

Supervisor's signature: _____

Date: _____

Employee's signature: _____
(Signature does not imply agreement)

Date: _____

Administrator's signature: _____

Date: _____