To be completed by the employee's supervisor

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>ID Num (Not SSN)</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Number</td>
<td>Position Title</td>
<td>Supervisor Name</td>
</tr>
<tr>
<td>Employment Category</td>
<td>Eval Reason (cycle)</td>
<td>Period covered</td>
</tr>
<tr>
<td>[ ] Classified</td>
<td>[ ] Probation</td>
<td>From:</td>
</tr>
<tr>
<td>[ ] Prof/Mgl</td>
<td>[ ] Special</td>
<td>To:</td>
</tr>
<tr>
<td>[ ] Asgmt Anniversary</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: _____________________________   Date: ______________
   (Signature does not imply agreement)
Administrator’s signature: _____________________________   Date: ______________

Office of Human Resources will maintain this evaluation form.
Original-OHR: Copy-Employee

2-1-087 (4/03)