Professional/Managerial & Classified Employee Evaluation

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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment Category</th>
<th>Eval Reason (cycle)</th>
<th>Period covered</th>
</tr>
</thead>
<tbody>
<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: ______________

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Office of Human Resources will maintain this evaluation form.

Original-OHR: Copy-Employee

Previous version 04/03 may still be used 2-1-087 (06/10)