



PERU STATE COLLEGE
PERFORMANCE EVALUATION 2016 - 2017
Non-Union Professional Staff

Employee Name:

Title:

Department:

Type of Report: Annual (April 1 to March 31) Due in HR each year before April ____
 Special

PERFORMANCE RATINGS:

Exceeds Expectations (E). Performance in relation to job responsibilities and the demonstration of basic competencies *fully meets and exceeds* that normally expected by the supervisor of an employee with in the stated job.

Satisfactory (S). Performance in relation to job responsibilities and the demonstration of basic competencies *fully meets* that normally expected by the supervisor of an employee in the stated job.

Unsatisfactory (U). Performance in relation to job responsibilities and the demonstration of basic competencies *is clearly unacceptable* for an employee in the stated job and immediate improvement is required.

In case of identified areas of concern, the supervisor and employee must complete a "Corrective Action Plan" attached as the last page to this evaluation.

Current job description is attached to this evaluation (REQUIRED)

A. CURRENT RESPONSIBILITIES/ASSIGNMENTS AS LISTED ON JOB DESCRIPTION

List at least three major job responsibilities/assignments below:

- 1.
- 2.
- 3.
- 4.
- 5.

B. PERFORMANCE COMPETENCIES / RATINGS

- 1. Job Knowledge
- 2. Professional Judgment and Analysis Skills
- 3. Reliability - Attendance
- 4. Organization and timeliness to responsibilities
- 5. Accuracy
- 6. Initiative
- 7. Communication skills
- 8. Accountability
- 9. Teamwork
- 10. Customer Service
- 11. Quality of work
- 12. Quantity of work
- 13. Leadership/Supervisory Skills (supervisors only)

	Exceeds Expectations	Satisfactory	Unsatisfactory
1. Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Professional Judgment and Analysis Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Reliability - Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Organization and timeliness to responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Quantity of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Leadership/Supervisory Skills (supervisors only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. PERFORMANCE ASSESSMENT

Supervisor - Discuss performance and achievement of goals for this evaluation period.

D. GOALS & OBJECTIVES FOR NEXT EVALUATION PERIOD

The employee and supervisor will set goals for the next evaluation period.

E. PROFESSIONAL DEVELOPMENT

Supervisor - This section is to communicate areas for growth and learning opportunities to be focused on in the next evaluation period.

F. OVERALL PERFORMANCE

Considering all factors carefully, and giving weight to those factors most important in this job, rate the composite, overall performance of this employee.

Exceeds Expectations	Satisfactory	Unsatisfactory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. ADDITIONAL COMMENTS BY IMMEDIATE SUPERVISOR:

If signing this form electronically, I recognize that it will be considered as effective and valid as the original.

Supervisor Signature _____

Date _____

H. COMMENTS BY NEXT HIGHER SUPERVISOR: (Must be completed prior to meeting with employee)

If signing this form electronically, I recognize that it will be considered as effective and valid as the original.

Next Higher Supervisor Signature _____

Date _____

I. EMPLOYEE'S ACKNOWLEDGEMENT: I have reviewed and discussed the contents of this evaluation with my supervisor and understand that my signature does not necessarily indicate agreement. I understand that I may request a copy of my evaluation at this time and that I may make comments below.

Employee's Comments:

Employee's Signature _____

Date _____

PLEASE RETURN THIS COMPLETED FORM TO HUMAN RESOURCES
(The original of this evaluation will be placed in the employee's personnel file.)

Supervisor & Employee: Please retain a copy for your files prior to forwarding to Human Resources.