



**PERU STATE COLLEGE**  
**PERFORMANCE EVALUATION 2018 - 2019**  
**Support Staff - NAPE**

Employee Name:

Title:

Department:

Type of Report:       Annual (April 1 to March 31) Due in HR each year before April \_\_\_\_  
                                  End of Probationary Period - Due in HR **prior** to end of probationary period  
                                  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.

**Needs Improvement (N).** Performance in relation to job responsibilities and the demonstration of basic competencies *is less than* normally expected 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.

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If there are areas of concern (ratings of N or U) in any category or overall rating, the supervisor and employee **must** complete a "Corrective Action Plan" attached as the last page to this evaluation (Section 9.7 2017-2019 NAPE Agreement).

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As stated in Section 9.5 2017-2019 NAPE Agreement, only an overall satisfactory or exceeds expectations performance designation is eligible for any negotiated annual increase to base salary, if any.

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**A. MAJOR JOB RESPONSIBILITIES/DUTIES, AS DETERMINED BY SUPERVISOR AND LISTED ON JOB DESCRIPTION**

List at least 3 job responsibilities/duties below:

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



Supervisor Signature

Date

**F. 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

**G. EMPLOYEE'S STATEMENT:** I have reviewed and discussed the contents of this evaluation with my supervisor and understand that my signature does not necessarily indicate agreement. I further understand that I may submit a written rebuttal statement which will be attached to and become a permanent part of this evaluation. I also understand I may write comments where indicated.

Employee's Comments:

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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.**