

PERFORMANCE APPRAISAL

Name: _____

Banner ID _____

PART B

Supplemental Performance Dimensions: These Dimensions must be used when appraising supervisory and, where applicable, non-supervisory employees. Check the column on the right, which best describes the employee's performance. Assessments should be based upon demonstrated abilities	Not Applicable	Far Exceeds Position Requirements	Exceeds Position Requirements	Meets Position Requirements	Unsatisfactory: Requires Corrective Action	Supervisor's Comments Identify strengths and major contributions of the period under review. List applicable areas in which employee needs to improve his/her performance (e.g. gaps in knowledge or experience, skill development needs, etc.)
Knowledge of Job: Ability to understand the full scope of the functions assigned to the position held the relationship of the job to other jobs in the unit, and the relationship of the job to all other organized units.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Problem Solving/Decision Making: Ability to identify problems and apply logic to their resolution; ability to recognize when a decision is required, use good judgement and available information in the making of decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Planning/Organizing: Ability to plan, schedule and control the work requirements, to delegate or assign work to others and to follow up to insure successful completion (Others may be subordinates, committee members, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-Direction: Ability to utilize time effectively; ability to act independently when appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication: Ability to express self effectively in both oral and written communication; ability to organize communication; and to use language appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee's Comments
Cooperation with Others: Ability to maintain harmonious relationships with University faculty, staff, students and the public both within the unit and beyond, keeps others informed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OVERALL PERFORMANCE SUMMARY <input type="checkbox"/> Far Exceeds Position Requirements <input type="checkbox"/> Exceeds Position Requirements <input type="checkbox"/> Meets Position Requirements <input type="checkbox"/> Unsatisfactory: Requires Corrective Action.						

SIGNATURES:

I acknowledge review of this appraisal.

Appraiser: _____ Date _____

Employees Signature: _____ Date _____

Reviewer: _____ Date _____

Next Scheduled Appraisal Date: _____