



Confidential
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Staff Performance Appraisal Form C

This form is to be used as a preparation guide for managers who will be conducting performance appraisal discussions. The questions are designed to help evaluate overall strengths and weaknesses, focus on particular characteristics that impact performance, and outline a development plan or objectives for the ensuing year.

Feedback and communication on performance should be discussed on an ongoing basis throughout the year. In addition, a formal performance appraisal discussion should be conducted as an annual two-way discussion with each employee. As a result of the discussion, the employee and supervisor should agree on a new set of goals or development plans.

Staff Member	Job Title	Department/Office
Supervisor	Appraisal Period	Date of Discussion
I. To be completed by the supervisor prior to the discussion.		
A. Briefly describe job function, accountability and/or specific objectives as previously discussed.		
B. Describe overall performance since last appraisal discussion.		

II. Quality of Work

Please enter comments and examples of the staff member's performance in the following categories. The definitions serve as a guide to help you identify and communicate strengths and areas where improvement is needed. Only one or several definitions may apply. If an additional or another definition is more appropriate, please add it. If that particular category is not applicable to the job, simply enter n/a in the space.

A. COMMUNICATION SKILLS: Written, verbal or interpersonal ability to deal with "clients," supervisors, peers, and subordinates as needed to do the job and resolve difficult situations.

B. PLANNING AND ORGANIZATION: Demonstrated ability to optimize time; meet deadlines; establish short and long term plans.

C. INNOVATION AND CREATIVITY: Initiating workable ideas, techniques, solutions; willingness to change/try new approaches.

D. RESULTS: Quantity and/or quality of completed assignments or projects.

E. KNOWLEDGE: Of all University activities, policies, procedures; of own department's goals and strategies; of technology and expertise required for job; of particular area of specialty.

F. DECISION MAKING and PROBLEM RESOLUTION: Gathers and analyzes appropriate information. Exercises sound judgment and discretion; provides clear, well-considered solutions.

G. ORGANIZATIONAL RELATIONSHIPS: Demonstrated ability to function as a positive, collaborative, contributing team member; ability to accept and incorporate feedback into job performance; consultative skills; ability to get work done through others; presentation of well considered alternatives; exercise of decision making and judgment; builds constructive and effective relationships.

H. MANAGEMENT EFFECTIVENESS (for supervisors and managers only) Demonstrated level of skill, involvement and effectiveness as it pertains to:

1. PLANNING: Designs and communicates programs or processes to meet individual, team or unit objectives.

2. HIRING: Recruits and/or selects the most qualified staff.

3. PERFORMANCE MANAGEMENT: Sets clear objectives and measures, monitors progress and results, and provides feedback, development, training, direction, coaching, guidance, and supportive environment.

4. **STAFF DEVELOPMENT:** Provides training, development and experiential opportunities.

5. **DIVERSITY AND INCLUSION:** The extent to which the individual applies the University's philosophy of equity, diversity, and inclusion.

III. To be completed by the supervisor and staff member after the discussion.

We agreed on the following objectives and plans for the coming year. Where possible, include timing and standards for measuring results.

	EXCEPTIONAL	HIGHLY EFFECTIVE	EFFECTIVE	IMPROVEMENT REQUIRED
OVERALL SUMMARY RATING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Staff member comments:

V. Supervisor: sign and give form to staff member

Date: _____

VI. Staff member sign and return form to your supervisor within 48 hours of it receipt.

Date: _____

VII. Reviewer's signature

Date: _____

Return form to rating supervisor.