



Annual Performance Appraisal Form

Administrative and Professional Staff

Employee Name	_____	Appraisal Date	_____	Hire Date	_____
VP/College	_____	Department Name	_____	Time in Position	_____
Position Title	_____	Supervisor's Signature	_____		
Next Level Manager's Signature	_____	Employee's Signature*	_____		

* Employee's signature implies neither agreement nor disagreement with this appraisal. The signature indicates only that the employee has read this evaluation and discussed it with the supervisor.

I. PERFORMANCE REVIEW (Use additional sheets if necessary.)

A. Major Responsibility Area:

• Expected Level of Performance:

• Actual Performance Results:

• How does this support the University and/or Department goals?:

Performance Rating: ☐ Consistently Exceeds ☐ Frequently Exceeds ☐ Fully Meets ☐ Partially Meets ☐ Does Not Meet **Performance Weighting:**

B. Major Responsibility Area:

- Expected Level of Performance:

- Actual Performance Results:

- How does this support the University and/or Department goals?:

**Performance
Rating:**☐ Consistently
Exceeds☐ Frequently
Exceeds☐ Fully
Meets☐ Partially
Meets☐ Does Not
Meet**Performance
Weighting:****I. PERFORMANCE REVIEW** (Use additional sheets if necessary.)**C. Major Responsibility Area:**

- Expected Level of Performance:

- Actual Performance Results:

- How does this support the University and/or Department goals?:

**Performance
Rating:**☐ Consistently
Exceeds☐ Frequently
Exceeds☐ Fully
Meets☐ Partially
Meets☐ Does Not
Meet**Performance
Weighting:**

D. Major Responsibility Area:					
• Expected Level of Performance:					
• Actual Performance Results:					
• How does this support the University and/or Department goals?:					
Performance Rating:	<input type="checkbox"/> Consistently Exceeds	<input type="checkbox"/> Frequently Exceeds	<input type="checkbox"/> Fully Meets	<input type="checkbox"/> Partially Meets	<input type="checkbox"/> Does Not Meet
Performance Weighting:					
E. Major Responsibility Area:					
• Expected Level of Performance:					
• Actual Performance Results:					
• How does this support the University and/or Department goals?:					
Performance Rating:	<input type="checkbox"/> Consistently Exceeds	<input type="checkbox"/> Frequently Exceeds	<input type="checkbox"/> Fully Meets	<input type="checkbox"/> Partially Meets	<input type="checkbox"/> Does Not Meet
Performance Weighting:					

Employee Name _____

II. SIGNIFICANT ACCOMPLISHMENTS/UNUSUAL OBSTACLES

(Summarize any accomplishments and/or obstacles which may have had particular impact.)

III. SKILLS ANALYSIS / MODE OF PERFORMANCE

(This section is used to examine HOW the employee achieved his/her end results. Accordingly, consider the degree to which each of the following skills contributes to the employee's effectiveness. Please check the appropriate "Appraisal Code" and illustrate with pertinent job-related examples.)

	Appraisal Codes				
	A Strong Point	Fully Satisfactory	Needs Improvement	Not Observed	
Professional/Technical Knowledge	+ <input type="checkbox"/>	S <input type="checkbox"/>	- <input type="checkbox"/>	O <input type="checkbox"/>	
Written Communication	+ <input type="checkbox"/>	S <input type="checkbox"/>	- <input type="checkbox"/>	O <input type="checkbox"/>	
Analytical	+ <input type="checkbox"/>	S <input type="checkbox"/>	- <input type="checkbox"/>	O <input type="checkbox"/>	
Initiative	+ <input type="checkbox"/>	S <input type="checkbox"/>	- <input type="checkbox"/>	O <input type="checkbox"/>	
Organizational Planning	+ <input type="checkbox"/>	S <input type="checkbox"/>	- <input type="checkbox"/>	O <input type="checkbox"/>	
Client Relationships	+ <input type="checkbox"/>	S <input type="checkbox"/>	- <input type="checkbox"/>	O <input type="checkbox"/>	
Adaptability/Flexibility	+ <input type="checkbox"/>	S <input type="checkbox"/>	- <input type="checkbox"/>	O <input type="checkbox"/>	
Team Effort	+ <input type="checkbox"/>	S <input type="checkbox"/>	- <input type="checkbox"/>	O <input type="checkbox"/>	
Decision Making	+ <input type="checkbox"/>	S <input type="checkbox"/>	- <input type="checkbox"/>	O <input type="checkbox"/>	

Comments:

For positions with supervisory accountabilities in addition to the preceding:

Leadership	+ <input type="checkbox"/>	S <input type="checkbox"/>	- <input type="checkbox"/>	O <input type="checkbox"/>
Goal Setting/Evaluation	+ <input type="checkbox"/>	S <input type="checkbox"/>	- <input type="checkbox"/>	O <input type="checkbox"/>
Progress toward Affirmative Action Goals	+ <input type="checkbox"/>	S <input type="checkbox"/>	- <input type="checkbox"/>	O <input type="checkbox"/>
Decisiveness	+ <input type="checkbox"/>	S <input type="checkbox"/>	- <input type="checkbox"/>	O <input type="checkbox"/>
Development of Staff	+ <input type="checkbox"/>	S <input type="checkbox"/>	- <input type="checkbox"/>	O <input type="checkbox"/>

Comments:

Employee Name _____

IV. DEVELOPMENT DISCUSSIONS

A. Recommendations for Development (List specific recommendations to facilitate continued employee development for professional growth.)

B. Performance Improvement Requirements (List specific areas in which performance did not meet expectations and improvement is necessary.)

C. Actions to be taken by Employee/Supervisor (i.e., related to specific recommendations and/or requirements in either A or B above)

Development activities that specifically support the University and/or Department goals?

V. OVERALL PERFORMANCE RATING

☐ Consistently Exceeds ☐ Frequently Exceeds ☐ Fully Meets ☐ Partially Meets ☐ Does Not Meet*

* Strongly recommend consultation with Human Resources Management.

VI. EMPLOYEE COMMENTS (Optional)