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**EMPLOYEE EVALUATION**

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| **Evaluation Period:** |   | **to** |   | **Evaluation Date:** |   |
| **Employee Name:** |   | **Employee ID#:** |   |
| **Position Title:** |   |
| **Department:** |   |
| **Supervisor Name:** |   | **Date of Employment:** |   |
| **Reason for Review:** | [ ]  **Probationary (90 days)** | [ ]  **6 months (optional)** | [ ]  **Annual** |

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| ***Please provide a rating and explain it in the comment section for every indicator. Attach additional sheets if necessary.*** | **Ineffective** | **Need to Improve** | **Satisfying** | **Excellent** |
| 1. **Quality of Work/Timeliness** – Work is accurate, thorough, neat, in accordance with job description, and completed in a timely manner.

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| **Comment**:  |   |

 |[ ] [ ] [ ] [ ]
| 1. **Job Performance** – Demonstrates knowledge and skills in job duties and their purposes; requires minimal directions.

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| **Comment**:  |   |

 |[ ] [ ] [ ] [ ]
| 1. **Flexibility and Adaptability** – Learns new tasks or assignments willingly and quickly. Handles unexpected situations appropriately.

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| **Comment**:  |   |

 |[ ] [ ] [ ] [ ]
| 1. **Initiative** – Seeks additional assignments when appropriate or necessary. Identifies problems and offers constructive solutions.

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| **Comment**:  |   |

 |[ ] [ ] [ ] [ ]
| 1. **Judgment and Decision Making** – Uses good judgment and makes appropriate decisions.

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| ***Please provide a rating and explain it in the comment section for every indicator. Attach additional sheets if necessary.*** | **Ineffective** | **Need to Improve** | **Satisfying** | **Excellent** |
| 1. **Organization & Efficiency** – Tasks are organized and completed efficiently. Equipment and work area are clean, organized, and convenient for the job.

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| **Comment**:  |   |

 |[ ] [ ] [ ] [ ]
| 1. **Care and Operation of Equipment** – Properly maintains and operates equipment.

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| **Comment**:  |   |

 [ ]  Not Applicable |[ ] [ ] [ ] [ ]
| 1. **Safety** – Follows safety guidelines. Maintains and promotes a safe work environment.

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| **Comment**:  |   |

 |[ ] [ ] [ ] [ ]
| 1. **Compliance** – Has adequate knowledge of and adheres to the policies and regulations, including appropriate recordkeeping and documentation.

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| **Comment**:  |   |

 |[ ] [ ] [ ] [ ]
| 1. **Attendance and Punctuality** – Attends work and leaves at appropriate times; arrive at work on time. Complies with the processes and procedures around the use of leaves.

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| **Comment**:  |   |

 |[ ] [ ] [ ] [ ]
| 1. **Appearance** – Appearance and attire is professional and/or appropriate for the work.

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| **Comment**:  |   |

 |[ ] [ ] [ ] [ ]
| 1. **Relationships, Communication, and Professionalism –** Develops positive working relationships. Communicate effectively. Represents the college’s values in all aspects of the job.

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| **Comment**:  |   |

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**Major Strengths and Accomplishments:**

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| --- | --- |
| **Individual Accomplishments***
 | **Team Contributions***
 |

**Areas for Improvement:**

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**Goal(s) to Achieve during next Evaluation Period:** [ ]  3 months [ ]  6 months [ ]  12 months

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| --- | --- |
| **Professional Development goals***

  | **Personal Growth goals***
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**Development Plan and Resources:**

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**Evaluator Comments:**

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**Employee Comments:**

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| **EVALUATOR SIGNATURE** |
|      |  |  |
| **Name of Evaluator / Position title**  |  | **Evaluator’s Signature Date**  |
|  |  |  |
| **Name of Department Leader**  |  | **Department Leader’s Signature Date** |
|  |  |  |
| **Name of Vice President** |  | **Vice President’s Signature Date** |  |
| **EMPLOYEE SIGNATURE** |
|     |  |  |
| **Name of Employee**  |  | **Employee’s Signature Date**  |

***Return the originals to Human Resources to be placed in the employee’s personnel file.***

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| **HUMAN RESOURCES** |
|  |  |  |
| **Name of Reviewer**  |  | **Human Resources Signature Date**  |