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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.  |  |  | | --- | --- | | **Comment**: |  | |  |  |  |  |
| 1. **Job Performance** – Demonstrates knowledge and skills in job duties and their purposes; requires minimal directions.  |  |  | | --- | --- | | **Comment**: |  | |  |  |  |  |
| 1. **Flexibility and Adaptability** – Learns new tasks or assignments willingly and quickly. Handles unexpected situations appropriately.  |  |  | | --- | --- | | **Comment**: |  | |  |  |  |  |
| 1. **Initiative** – Seeks additional assignments when appropriate or necessary. Identifies problems and offers constructive solutions.  |  |  | | --- | --- | | **Comment**: |  | |  |  |  |  |
| 1. **Judgment and Decision Making** – Uses good judgment and makes appropriate decisions.  |  |  | | --- | --- | | **Comment**: |  | |  |  |  |  |

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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.  |  |  | | --- | --- | | **Comment**: |  | |  |  |  |  |
| 1. **Care and Operation of Equipment** – Properly maintains and operates equipment.  |  |  | | --- | --- | | **Comment**: |  |   Not Applicable |  |  |  |  |
| 1. **Safety** – Follows safety guidelines. Maintains and promotes a safe work environment.  |  |  | | --- | --- | | **Comment**: |  | |  |  |  |  |
| 1. **Compliance** – Has adequate knowledge of and adheres to the policies and regulations, including appropriate recordkeeping and documentation.  |  |  | | --- | --- | | **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.  |  |  | | --- | --- | | **Comment**: |  | |  |  |  |  |
| 1. **Appearance** – Appearance and attire is professional and/or appropriate for the work.  |  |  | | --- | --- | | **Comment**: |  | |  |  |  |  |
| 1. **Relationships, Communication, and Professionalism –** Develops positive working relationships. Communicate effectively. Represents the college’s values in all aspects of the job.  |  |  | | --- | --- | | **Comment**: |  | |  |  |  |  |

**Major Strengths and Accomplishments:**

|  |  |
| --- | --- |
| **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** |

**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** |