|  |  |  |  |
| --- | --- | --- | --- |
| Dept. Name: |  | Employee Name: |  |
| Supervisor Name: |  | **Employee Title:** |  |
| Supervisor Title: |  | Review Period: |  |

|  |  |  |
| --- | --- | --- |
| INDIVIDUAL GOALS | Set 3 to 5 goals for the year based on key business needs and strategic goals. These will be rated on the annual appraisal on a 3-point scale (Not Meeting, Meeting, or Exceeding Expectations). | |
| GOAL #1 -- Title: | |  |
| Description: | |  |
| GOAL #2 -- Title: | |  |
| Description: | |  |
| GOAL #3 -- Title: | |  |
| Description: | |  |
| GOAL #4 -- Title: | |  |
| Description: | |  |
| GOAL #5 -- Title: | |  |
| Description: | |  |

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| INSTITUTIONAL GOALS | | Refer to the HR website for more detailed descriptions of institutional goals. These will be rated on the annual appraisal on a 3-point scale (Not Meeting, Meeting, or Exceeding Expectations). | | |
| EXPERTISE | | | | |
| Produces work that is accurate, thorough, and demonstrates sufficient analysis and decision-making to meet the requirements of the employee’s position and profession. Makes efficient and appropriate use of materials and documents work appropriately. Looks for ways to improve efficiency or quality. Maintains technical skills and relevant professional credentials. | | | | |
| ACCOUNTABILITY | | | | |
| Completes required volume of work by established deadlines and stays productive throughout workday. Generally, completes work with few reminders and/or infrequent oversight. Takes sufficient/appropriate measures to plan and organize work, prioritize tasks, and set realistic goals. Seeks needed information to complete work and timely communicates status with relevant parties. | | | | |
| CUSTOMER-ORIENTED | | | | |
| Listens to determine the most effective way to address customer needs and concerns. Shows a solid understanding of customer needs, seeks out customer input to better understand needs, and develops ideas to meet those needs. Follows through on commitments, despite time pressures or obstacles, and maintains relevant communication with customers until job is completed. Maintains a professional and respectful tone and exhibits diplomacy when dealing with frustrated individuals or during sensitive or confrontational situations. | | | | |
| TEAM-ORIENTED | | | | |
| Communicates and engages directly, clearly, and tactfully with colleagues. Provides feedback and healthy dialogue on performance and operational issues, as requested, willingly adapts to change, and adheres to decided actions. Makes decisions with others in mind, and willingly performs additional duties when team members are absent, during times of increased workload, or as otherwise required by management to meet business needs. Absences are infrequent and do not place an undue burden on supervisor or colleagues. | | | | |
| COMPLIANCE & INTEGRITY | | | | |
| Complies with personnel and equal opportunity policies, including prohibitions on harassment, discrimination, and violence, and all other policies, including appropriate use of university resources. Complies with all safety requirements for the position, including successful completion of training and proper use of personal protective equipment. Chooses ethical action under pressure, avoids situations that are inappropriate or that present a conflict of interest, and holds self and others accountable for ethical decisions. Appreciates individual/cultural differences and treats all people with dignity and respect. | | | | |
| SUPERVISION *(for supervisors only)* | | | | |
| Provides adequate stewardship of assigned resources, including budget, space, equipment, and staffing. Provides clear objectives that foster work unit development and align with university values and goals. Provides candid, timely, and constructive feedback on performance and behavior, hires individuals with the qualities and skillsets for success, and contributes to meeting University EO and affirmative action goals. Serves as role model and engenders trust, commitment, and civility. | | | | |
| SIGNATURES | | | | |
| Employee: |  | | **Date:** |  |
| Supervisor: |  | | Date: |  |

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| ANNUAL PERFORMANCE APPRAISAL | | | | | | | | | | | | | | | | | | | |
| Review Period: | | | | FY | | | | | | | | | | | | | | | |
| Employee Name: | | | |  | | | | | | | | | | | | | | | |
| Employee Title: | | | |  | | | | | | | | | | | | | | | |
| Supervisor Name: | | | |  | | | | | | | | | | | | | | | |
| Supervisor Title: | | | |  | | | | | | | | | | | | | | | |
| INSTRUCTIONS | | | | | | | | | | | | | | | | | | | |
| * Rate each Individual and Institutional Goal. * Provide a Final Overall Rating. * Provide comments and signatures on the next page. | | | | | | | | | | | | | | | | | | | |
| # | **INSTITUTIONAL GOALS** (See descriptions in performance plan) | | | | | | | | | | **Not**  **Meeting** | | | **Meeting** | | | Exceeding | | |
| 1 | Expertise | | | | | | | | | |  | | |  | | |  | | |
| 2 | Accountability | | | | | | | | | |  | | |  | | |  | | |
| 3 | Customer-Oriented | | | | | | | | | |  | | |  | | |  | | |
| 4 | Team-Oriented | | | | | | | | | |  | | |  | | |  | | |
| 5 | Compliance & Integrity | | | | | | | | | |  | | |  | | |  | | |
| 6 | Supervision *(if applicable)* | | | | | | | | | |  | | |  | | |  | | |
| # | **INDIVIDUAL GOALS** (see descriptions in performance plan) | | | | | | | | | | **Not**  **Meeting** | | | **Meeting** | | | Exceeding | | |
| 1 |  | | | | | | | | | |  | | |  | | |  | | |
| 2 |  | | | | | | | | | |  | | |  | | |  | | |
| 3 |  | | | | | | | | | |  | | |  | | |  | | |
| 4 |  | | | | | | | | | |  | | |  | | |  | | |
| 5 |  | | | | | | | | | |  | | |  | | |  | | |
| FINAL OVERALL RATING | | | | | | | | | | | | | | | | | | | |
| NOT MEETING EXPECTATIONS | | | | | | **MEETING EXPECTATIONS** | | | | | | EXCEEDING EXPECTATIONS | | | | | | | |
|  | |  | | |  | | |  | |  | | | | |  | | |  | |
| OR: Employee was not evaluated due to … | | | | | | |  | | Insufficient Time (Fewer than 6 months) | | | | | | | | | | |
|  | | Extended Leave of Absence | | | | | | | | | | |
| SUPERVISOR COMMENTS ON EMPLOYEE’S PERFORMANCE | | | | | | | | | | | | | | | | | | | |
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| SIGNATURES FOR ANNUAL PERFORMANCE APPRAISAL | | | | | | | | | | | | | | | | | | | |
| Supervisor: | | |  | | | | | | | | | | **Date:** | | |  | | | |
| Employee Acknowledgement: I understand that my signature below indicates that I have received this annual performance appraisal, that my signature does not necessarily imply my agreement with the ratings given or the comments included, and that if I choose, I may write a response to include with this appraisal document. | | | | | | | | | | | | | | | | (Check here if  you are attaching comments.) | | |  |
| Employee: | | |  | | | | | | | | | | **Date:** | | |  | | | |