# ADMINISTRATIVE STAFF PERFORMANCE APPRAISAL FORM FY 2022-2023

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| --- | --- | --- | --- | --- |
| Employee Last Name |  | Employee First Name |  | Employee ID |
|  |  |  |  |  |
| Department |  | Position Title |  | Supervisor Name |
|  |  |  |  |  |

Review Date Self-Evaluation\*

 Supervisor Evaluation

Performance evaluations are intended to measure the extent to which the employee’s performance meets the requirements of a particular position and to establish goals for the future; strengthen the relationship between you and the employee; open up channels of communication; appraise past performance; recognize good performance; identify areas that might require improvement; enable you to assess your own communication and supervisory skills.

## INSTRUCTIONS:

Listed on the following pages are a number of performance factors that are important in the successful completion of most assignments. A list of qualities has been included to assist in evaluating an employee’s performance in each area. To complete the Performance Appraisal Form, fill in the circle under the level of achievement which most accurately

describes the employee’s performance on each factor.

In the spaces provided at the end of each section, you are encouraged to support your ratings with clarifying comments or specific examples which occurred during the review period that determined or affected the level of achievement marked. **Factors rated anything other than “Meets Requirements” must be supported with examples or reasons within the appropriate section below and should be listed in the Employee Goals and Objectives for next year section (last page) of the Administrator Performance Review.**

After the entire form has been completed and reviewed, the original is forwarded to the Office of Human Resources\*. Both the supervisor and the employee retain a copy.

## DEFINITION OF TERMS:

NEEDS IMPROVEMENT Performance is at a level below established objectives with the result that overall contribution is marginal and substandard. Performance requires a high degree of supervision.

MEETS REQUIREMENTS Meets established objectives in a satisfactory and adequate manner. Performance requires normal to some degree of supervision.

EXCEEDS REQUIREMENTS Job performance easily exceeds job requirements; performance approaches best possible attainment.

\*Self-evaluations are optional and not to be sent to HR.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Exceeds****Requirements** | **Meets****Requirements** | **Needs****Improvement** | **Not****Applicable** |
|  |  |  |  |  |
| **I. BASIC JOB REQUIREMENTS** |  |  |  |  |
| **A. Understanding of the Job:**Does the employee have adequate knowledge to complete the tasks required by the job? |  |  |  |  |
| **B. Institutional Commitment:**Does the employee demonstrate commitment to institutional effectiveness and the College’s mission? |  |  |  |  |
| **C. Quality of Work:**Is the quality of work acceptable and does it meet established standards? Does the employee perform accurately and efficiently? |  |  |  |  |
| **D. Productivity and Efficiency:**Does the employee complete assignments and manage time well? |  |  |  |  |
| **E. Reliability/Dependability:**Does the employee follow through on assigned tasks to accommodate the work expected? |  |  |  |  |
| **F. Initiative:**Does the employee demonstrate initiative by taking action with a minimum of direction as situations arise? |  |  |  |  |
| **G. Service:**Does the employee demonstrate a desire to serve and show willingness to provide good service to students/faculty/staff and the public? |  |  |  |  |
| **H. Professionalism:**Does the employee project and sustain a positive image of the College within the educational and local communities? |  |  |  |  |
| **I. Ethics:**Does the employee exhibit honesty and high ethical standards while performing his/ her job duties? |  |  |  |  |

Please list the employee’s strengths. What does this employee do well?

Please list specific areas for improvement, if any:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Exceeds** | **Meets** | **Needs** | **Not** |
| **Requirements** | **Requirements** | **Improvement** | **Applicable** |
|  |  |  |  |  |
| **II. JOB SPECIFIC ATTRIBUTES** |  |  |  |  |
| **A. Leadership:**Does the employee inspire others by conveying ideas and plans, influencing them to greater determination and unity of purpose, and look out for their welfare? |  |  |  |  |
| **B. Planning and Organizing:**Does the employee set objectives and goals and establish priorities? |  |  |  |  |
| **C. Problem Solving:**Does the employee identify and provide alternative solutions and make sound decisions? |  |  |  |  |
| **D. Creativity:**Does the employee generate and propose new concepts, approaches, and methods to improve outcomes? |  |  |  |  |
| **E. Flexibility:**Does the employee demonstrate an ability to adjust to changing job requirements or other unforeseen circumstances? |  |  |  |  |
| **F. Responsibility:**Does the employee manage the human and fiscal resources entrusted to them with efficiency and accuracy? |  |  |  |  |
| **G. Accountability:**Does the employee take ownership of his/her job duties and hold himself/herself accountable for projects and job duties? |  |  |  |  |
| **H. Professional Development:**Does the employee demonstrate knowledge of current developments in the professional field, seek excellence through independent study, and participate in professional development activities? |  |  |  |  |

Please list the employee’s strengths. What does this employee do well?

Please list specific areas for improvement, if any:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Exceeds** | **Meets** | **Needs** | **Not** |
| **Requirements** | **Requirements** | **Improvement** | **Applicable** |
|  |  |  |  |  |
| **III. INTERPERSONAL SKILLS** |  |  |  |  |
| **A. Communication:**Does the employee provide accurate and clear written and verbal information, present information and listen effectively, comprehend and follow directions, and ask appropriate questions? |  |  |  |  |
| **B. Collaboration:**Does the employee give assistance to others to enable colleagues or the team to meet College expectations? |  |  |  |  |
| **C. Teamwork:**Does the employee work effectively with others to accomplish common goals and objectives and use formal and informal methods to improve the productivity of the group? |  |  |  |  |
| **D. Conflict Resolution:**Does the employee take initiative to address situations involving conflict? Does the employee appropriately resolve differences with little disruption to the work quality and environment? |  |  |  |  |
| **E. Professionalism:**Does the employee strive to cultivate and maintain positive working relationships and demonstrate an attitude of respect towards coworkers? |  |  |  |  |

Please list the employee’s strengths. What does this employee do well?

Please list specific areas for improvement, if any:

Has employee completed annual professional development activities/goals? Yes





No N/A

|  |
| --- |
|  |
| **IV. OTHER COMMENTS** |
|  |

# Administrator Performance Review Goals and Objectives

Employee Name

## Employee Goals and Objectives for the next year (list goal, desired outcome, and timeframe for completion of goal):

1.

2.

3.

4.

5.

## List Professional Development Activities for the next year:

1.

2.

3.

4.

5.

Attach additional pages, if needed.

# Summary Appraisal Sheet

Employee Name

## Review the ratings assigned to the performance factors on the previous pages. Check the category below which most clearly describes the employee’s total performance.



|  |  |  |
| --- | --- | --- |
| EXCEEDS | MEETS | NEEDS |
| REQUIREMENTS | REQUIREMENTS | IMPROVEMENT |

Has a Conduct and Performance Improvement Plan for FY 2022-2023 been issued? YES NO

*If applicable, please attach documentation.*

Is a Conduct and Performance Improvement Plan required for the upcoming fiscal year? YES NO

*If applicable, attach next fiscal year Conduct and Performance Improvement Plan listing goals/objectives; responsibilities; deadline dates, etc. after discussing with employee.*

## EMPLOYEE COMMENTS:

I have reviewed this document and discussed the contents with my supervisor. I understand that my signature does not necessarily indicate agreement to the evaluation but that I have been advised of my performance status, read and understood the evaluation discussed with me.

Employee Signature

Date

## SUPERVISOR COMMENTS:

(Record here only those additional significant items brought up during the discussion with the employee which are not recorded elsewhere in this document.)

Supervisor Signature

Date