Missouri Western State University

STAFF - PERFORMANCE EVALUATION FORM

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Evaluation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions: Staff shall be evaluated on the basis of the following categories by placing a check mark in one of the columns provided. The following ratings will be used: EXEMPLARY JOB PERFORMANCE\*, EXCEEDS JOB REQUIREMENTS, MEETS JOB REQUIREMENTS, or NEEDS IMPROVEMENT\*\*.

*\*EXEMPLARY ratings must be supported by written comments and should be used only under “rare” circumstances to note exceptional performance or accomplishment.*

*\*\*NEEDS IMPROVEMENT ratings must be supported by written comments; also requires a discussion and signature from Vice-President.*

Performance Elements Performance Ratings

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Exemplary Job Performance \* | Exceeds Job Requirements | **Meets Job Requirements** | Needs Improvement\*\* |
| Quality of Work: Accuracy, completeness and thoroughness. |  |  |  |  |
| Productivity: Completes work in a timely manner, meets deadlines and manages time effectively. |  |  |  |  |
| Interpersonal Relationships: Builds and maintains positive work relationships. Works well with and adapts to a variety of situations/people. |  |  |  |  |
| Professional Image: Projects professionalism in communication and interactions. |  |  |  |  |
| Manageability: Carries out delegated duties and responsibilities; follows directions specified by supervisor. Willingness to accept suggestions and support policies of Missouri Western. |  |  |  |  |
| Dependability: Completes tasks without close supervision. Conscientious about attendance and punctuality. |  |  |  |  |
| **Communication:** Effectively expresses ideas and thoughts verbally and/or in written form. Respectfully listens, clearly responds, and promptly provides feedback. Keeps others adequately informed. |  |  |  |  |
| **Initiative:** Demonstrates initiative and resourcefulness by taking appropriate action with a minimum of direction as situations arise. Seeks opportunities to learn new skills, and make suggestions for improving work processes. |  |  |  |  |
| Judgment: Displays willingness to make decisions. Exhibits sound & accurate judgment. Supports and explains reasoning for decisions. |  |  |  |  |
| Job Knowledge: Possesses the skills and knowledge to successfully fulfill position requirements. |  |  |  |  |
| Sensitivity to University Mission & Values: Demonstrates commitment and responsiveness to University mission and values (Service, Quality, Enthusiasm, Freedom, Respect, and Courage). |  |  |  |  |

Supervisor’s Comments: (attach additional sheets as necessary)

Employee’s Comments: (optional)

Professional Development: (list any training and/or development needed)

*\*Signature of employee acknowledges the employee has seen and discussed this evaluation with his/her supervisor.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Signature of Employee

Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor Signature of Next Level of Supervision

Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

*\*\*Vice President signature is only required if any “Needs Improvement” performance rating(s) are indicated. Please review with division Vice President prior to discussing evaluation with employee.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Signature of Vice President

Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_