PERFORMANCE APPRAISAL

Non-Exempt Staff Annual Review
2008-2009

Employee_______________________________________________________________

Department_______________________________ Campus__________________________

Job Title________________________________________________________________

Supervisor_______________________________________________________________

For each factor being rated, place a check mark at any point on the line which best describes performance.

**Quality of Work:**

- Rarely makes mistakes
- Few errors, neat work
- Frequently careless, sloppy work

Comments:
_____________________________________________________________________
_____________________________________________________________________

**Quantity of Work:**

- Exceptionally fast & productive
- Satisfactory
- Exceptionally slow

Comments:
_____________________________________________________________________
_____________________________________________________________________
**Willingness to Improve:**

<table>
<thead>
<tr>
<th>Takes initiative in seeking ways to improve</th>
<th>Takes steps to improve when opportunities are clearly evident</th>
<th>Never seeks ways to improve</th>
</tr>
</thead>
</table>

Comments:


**Dependability:**

<table>
<thead>
<tr>
<th>Exceptionally good meeting Deadlines</th>
<th>Usually meets deadlines</th>
<th>Frequently meets deadlines</th>
</tr>
</thead>
</table>

Comments:


**Cooperation with Procedures and Supervisors:**

<table>
<thead>
<tr>
<th>Thoroughly understands Procedures, makes Expectional efforts to Achieve best results</th>
<th>Understands procedures, devotes effort to follow through</th>
<th>Frequently fails to follow through</th>
</tr>
</thead>
</table>

Comments:


### Willingness to Work with Others:

<table>
<thead>
<tr>
<th></th>
<th>Almost always cooperative</th>
<th>Usually cooperative</th>
<th>Frequently abrasive</th>
</tr>
</thead>
</table>

Comments:

### Self-Sufficient:

<table>
<thead>
<tr>
<th></th>
<th>Has mastered all phases</th>
<th>Works independently most of the time</th>
<th>Frequently needs instructions and checking</th>
</tr>
</thead>
</table>

Comments:

### Work Organization:

<table>
<thead>
<tr>
<th></th>
<th>Work is exceptionally well-organized</th>
<th>Reasonably well-organized</th>
<th>Frequently needs help</th>
</tr>
</thead>
</table>

Comments:
**Overall Performance:**

<table>
<thead>
<tr>
<th>Performance</th>
<th>Performance</th>
<th>Competent Performance</th>
<th>Performance</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistently beyond requirements</td>
<td>beyond requirements</td>
<td>Performance below requirements</td>
<td>greatly limited</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

________________________________________________________________________

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**Indicate any major performance achieved during this review period:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Comment on performance areas in which improvement or development is indicated:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Supervisors Comments:** Record any further comments regarding the performance of the employee.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Direct Supervisor ____________________________ Date

Signature of Reviewer ____________________________ Date
The employee is invited to make comments below or on additional sheets, if required. Employee is requested to sign this form acknowledging that the contents have been discussed. Signing this form does not necessarily indicate agreement with the review.

____________________________________________________________________

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Signature of Employee __________________________ Date __________________________

Supervisor:

- Please provide one copy to the employee
- Keep one copy for your file
- Send original to Maureen Curry, Human Resources – M-SC1-01