
Name: _____ Review Period: _____

Position: _____

Evaluation Guide

- 5 - University or program has achieved extraordinary success as a result of employee excellence in achieving job requirements and position expectations.
- 4 - Achieves beyond position expectations and job requirements.
- 3 - Meets the expectations of the position and job requirements.
- 2 - Improvement is needed to meet the job requirements and position expectations.
- 1 - Performance is not acceptable.

Essential Performance Factors (Attach extra sheets if necessary for additional comments.)

A. Job Description: Exhibits required knowledge and skills to effectively execute expectations of his or her position; remains current with development in area(s) of responsibility; has understanding of the organization and his or her contribution to its effectiveness.

Rating: _____ Comments: _____

B. Position Knowledge and Quality of Work: Completes assignments accurately and efficiently in accordance with university standards; pays attention to detail; seeks ways to improve quality of performance and work.

Rating: _____ Comments: _____

C. Self-Management and Leadership: Effectively uses time and is able to meet deadlines; is dependable being both punctual and reliable; is self-motivated in completing assignments and initiating new ideas; is able to manage the quantity of the work expected of the position; plans and organizes well and follows procedures.

Rating: _____ Comments: _____

D. Community and Cooperation: Shows respect for and advances the Lasallian educational mission of the university; shows respect for others in his or her interactions; maintains effective working relationships; makes readily available information and resources to others; promptly responds to others' requests; actively works towards the success of the university.

Rating: _____ Comments: _____

(continued on reverse)

PERFORMANCE SELF-EVALUATION (continued)

Evaluation of Workplan (Attach extra sheets if necessary for additional comments.) Please review and evaluate the most recently updated Annual Workplan Priorities developed jointly and agreed to by employee and supervisor. Please rate using the scale delineated in this evaluation guide. Please note any goals that are still in process or that were not completed and the reasons why.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Comments: _____

Signatures

The signatures below do not imply agreement; rather, they indicate only the evaluator and the employee have discussed the responses contained in this evaluation.

Employee: _____ Date: _____

Evaluator: _____ Date: _____

Dean (if applicable): _____ Date: _____

A copy of this form must be filed in the employee's personnel file.