

## EMPLOYEE PERFORMANCE REVIEW FORM

The employee under review must complete all sections designated "Employee." Supervisors must complete all sections designated "Supervisor." Performance Reviews should be submitted to the Office of Human Resources.

### EMPLOYEE INFORMATION

**I. ACCOMPLISHMENTS FROM LAST YEAR:** Please list up to 5 top accomplishments during this review period. If you would like to list more than 5, continue on a separate page.

**EMPLOYEE COMMENTS**

**SUPERVISOR COMMENTS**

1.

3.	
4.	
5.	

Employee Name: \_\_\_\_\_ Review Period: \_\_\_\_\_ to \_\_\_\_\_

**II. WORK PLAN FOR THIS YEAR:** Please list up to 5 projects that you expect to accomplish during this coming year. If you would like to list more than 5, continue on a separate page.

EMPLOYEE COMMENTS	SUPERVISOR COMMENTS
1.	
2.	
3.	
4.	
5.	

**III. PROFESSIONAL DEVELOPMENT:** Please identify training which would be beneficial for you to improve job skills and knowledge related to your current job as well as prepare you for future advancement. If you would like to list more than 4, continue on a separate page.

EMPLOYEE COMMENTS	SUPERVISOR COMMENTS
1.	
2.	
3.	

<b>IV. PERFORMANCE EXPECTATIONS</b>	Rarely Achieves Expectations	Occasionally Achieves Expectations	Fully Achieves Expectations	Occasionally Exceeds Expectations	Consistently Exceeds Expectations
<b>Accomplishments</b>					
<p>The extent to which the employee meets expectations in performing the job functions of his/her position as defined in the position description.</p>					
<b>Comments:</b>					
<b>Service and Relationships</b>					
<p>The extent to which the employee's behaviors are directed toward fostering positive working relationships in a diverse workplace, respect for one's fellow workers, and cooperation with students, customers, and visitors.</p>					
<b>Comments:</b>					
<b>Accountability and Dependability</b>					
<p>The extent to which the employee contributes to the effectiveness of the department and the overall mission of the College (NOTE: Time off approved under FMLA may not be considered.)</p>					

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Employee Name: \_\_\_\_\_ Review Period: \_\_\_\_\_ to \_\_\_\_\_

**V. OVERALL PERFORMANCE**

Rarely Achieves  
Expectations

Occasionally  
Achieves  
Expectations

Fully Achieves  
Expectations

Occasionally  
Exceeds  
Expectations

Employee Name: \_\_\_\_\_ Review Period: \_\_\_\_\_ to \_\_\_\_\_

**IX. SIGNATURES:** To be completed at conclusion of Performance Review Meeting.

By signing below, I acknowledge that I have participated in the review process and have received a copy of the review.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**This space may be used for additional comments**

**SUPERVISOR COMMENTS:**

**EMPLOYEE COMMENTS:**