

# Performance Evaluation

Employee Name	Position/Title	Position Type

Supervisor Name	Department	Hire Date

Date of Evaluation	Evaluation Period	
	From	To

Type of Evaluation	Evaluator Name	Evaluator Title

Key Responsibilities

Accomplishments

	Not Applicable	Unsatisfactory	Needs Improvement	Meets Expectations	Exceeds Expectations	Exceptional
<b>Job Specific Competencies</b>						
<b>Core Competencies</b>						
Problem Solving						
Decision Making						
Communication						
Quality Improvement						
Teamwork/Collaboration						
Productivity						
Initiative						
Customer Orientation						
Attendance						
<b>Management Competencies</b>						
Inclusiveness						
Stewardship/Resource Management						
Strategic planning						
Leadership						
Diversity						

<b>Unit or Department Competencies</b>						
<b>Last Period's Goals</b>						

<b>Next Period's Goals</b>	
<b>Goal</b>	<b>Measure of Success</b>

<b>Performance Development Plan</b>

<b>Employee Career Goals</b>

<b>How does the employee's current position fit those goals?</b>

**Employee Comments**

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**Evaluator Comments**

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<b>Employee Signature</b>	<b>Date</b>

<b>Evaluator Signature</b>	<b>Date</b>