

EVALUATION OF SUPPORT STAFF

Performance Rating Report

Employee _____ Department _____

Supervisor _____ Date of Rating _____

RATING SCALE: 1 = Unsatisfactory 3 = Satisfactory
 2 = Improvement Needed 4 = Outstanding

<u>RATING FACTORS</u>	<u>CIRCLE PROPER RATING</u>			
1. <u>Quality of work:</u> The ability to produce work that satisfies or surpasses job requirements. Consider accuracy, completeness, thoroughness, neatness of work.	1	2	3	4
2. <u>Quantity of work:</u> Volume or amount of work done.	1	2	3	4
3. <u>Knowledge:</u> Knowledge of methods, materials, objectives, and other fundamental skills.	1	2	3	4
4. <u>Adaptability:</u> Ability to learn, perform under changes and in emergencies, grasp detail, comprehend differences between important and trivial.	1	2	3	4
5. <u>Work habits:</u> Organization of work, care of equipment, safety, industry.	1	2	3	4
6. <u>Working relationship with students and other employees:</u> Ability to get along with students and coworkers.	1	2	3	4
7. <u>Dependability:</u> Degree to which employee can be relied upon to do the job without close supervision. Punctuality, attendance on the job.	1	2	3	4
8. <u>Loyalty:</u> Interest in work, willingness to meet job requirements and accept suggestions, loyalty to the organization, ethical conduct.	1	2	3	4
9. <u>Judgment:</u> Soundness of decisions, common sense.	1	2	3	4
<u>Overall rating:</u> Should reflect the average of the rating.	1	2	3	4

EVALUATION OF SUPPORT STAFF (Cont.)

COMMENTS

1. What are employee's strengths? (MUST be completed for outstanding ratings.)

2. What are employee's weaknesses? (MUST be completed for Unsatisfactory and Improvement Needed ratings.)

3. Additional comments.

I have discussed this performance rating with the evaluator.

I certify this evaluation has been discussed with me. I understand my signature does not necessarily indicate agreement.

Employee's signature

Date

Evaluator's signature

Date