* The period for annual evaluations for UCPEA employees is May 1st- April 30th.
* Employees are to sign the form within 7 calendar days of receipt of evaluation to indicate it has been read.

Employees may append written comments which will become part of final record of this evaluation.

* A copy of the completed form must be forwarded to the Department of Human Resources, Unit 5075.
* For more information, see UCPEA Article 21.

**PART I. COVER SHEET PLEASE NOTE: This form works best if you CLICK to go to each field vs. using the “tab” key. Also, when typing in a sentence or paragraph, the field will adjust itself accordingly.**

|  |  |
| --- | --- |
| **Employee Contact Information:** | **Evaluator Contact Information:** |
| Name: Click here to enter text.  | Name: Click here to enter text. |
| Title: Click here to enter text. | Title: Click here to enter text. |
| Department: Click here to enter text. | Department: Click here to enter text. |
| Employee Number: Click here to enter text. | Phone Number: Click here to enter text. |

|  |  |
| --- | --- |
| **Type of Evaluation:**  | **Status of Employee:** |
| Annual (evaluation period) enter text here | Permanent enter text here |
| Other (please specify) enter text here | End Date enter text here |
|  | Probationary enter text here |
| **Overall Rating** |
| [ ]  | OUTSTANDING | (O) Far exceeds the requirements and standards of the position |
| [ ]  | VERY GOOD  | (V) Regularly exceeds all position requirements |
| [ ]  | GOOD | (G) Meets the regular requirements of the position adequately and competently |
| [ ]  | IN NEED OF IMPROVEMENT | (I) Marginal performance and not meeting the requirements of the position |
| [ ]  | UNSATISFACTORY  | (U) Does not meet the requirements of the position  |

**Certification of Supervisor**

*I certify that I have completed the performance evaluation of the employee listed below, and that I have made it available and discussed it with said employee on* Click here to enter text.*.*

*In addition, I have included a statement of goals, which we mutually prepared and reviewed in accordance with the employee’s job description (attached). Next scheduled review date is* Click here to enter text.*.*

|  |  |  |
| --- | --- | --- |
| Click here to enter text.  | Click here to enter text. | Click here to enter text. |
| Evaluator’s Name (Print) | Evaluator’s Signature | Date |

**Certification of Staff Member**

*I certify that I have been given a copy of this performance evaluation and that I have reviewed it with my supervisor.*

*I* [ ]  *have not appended, I* [ ]  *may append written comments to this evaluation.*

|  |  |  |
| --- | --- | --- |
| Click here to enter text.  | Click here to enter text. | Click here to enter text. |
| Employee’s Name (Print) | Employee’s Signature | Date |

**First Supervisor Outside UCPEA Bargaining Unit**

|  |  |  |
| --- | --- | --- |
| Click here to enter text.  | Click here to enter text. | Click here to enter text. |
| Supervisor’s Name (Print) | Supervisor’s Signature | Date |

|  |  |  |
| --- | --- | --- |
|  |  **For HR Use Only:** |  |
| **Date Rec’d:** |  |  **Data Entry Date:** |  | **Initials:** |  |

**PART II. PERFORMANCE EVALUATION CRITERIA**

1. **Knowledge/Problem Solving Rating** [ ]  **O** [ ]  **V** [ ]  **G** [ ]  **I** [ ]  **U**

Suggested Standards of Performance

* Demonstrates understanding of all job tasks
* Keeps informed about position goals
* Comprehends mission of appropriate organizational unit(s)
* Shows initiative to recognize and solve issues as appropriate

Other Standards of Performance (if applicable)

Click here to enter text.

Comments/Examples (*Required)*

Click here to enter text.

1. **Dependability/Productivity Rating** [ ]  **O** [ ]  **V** [ ]  **G** [ ]  **I** [ ]  **U**

Suggested Standards of Performance

* Produces high-quality, accurate work regularly
* Maintains agreed-upon work schedule
* Readily available to manager/colleagues/students
* Follows through to complete projects and meets deadlines
* Respects/maintains confidentiality

Other Standards of Performance (if applicable)

Click here to enter text.

Comments/Examples (*Required)*

Click here to enter text.

1. **Communication Rating** [ ]  **O** [ ]  **V** [ ]  **G** [ ]  **I** [ ]  **U**

 Suggested Standards of Performance

* Speaks effectively and clearly
* Writes in clear, well-organized manner
* Communicates status of responsibilities appropriately
* Communicates effectively when interacting with the University population

Other Standards of Performance (if applicable)

Click here to enter text.

Comments/Examples (*Required)*

Click here to enter text.

1. **Interpersonal/Teamwork Rating** [ ]  **O** [ ]  **V** [ ]  **G** [ ]  **I** [ ]  **U**

 Suggested Standards of Performance

* Is accessible/approachable
* Establishes sound working relationships
* Demonstrates civility, courtesy, and sensitivity in all interactions
* Shows consideration and respect to University population
* Supports the University’s mission in promoting a diverse global environment
* Acts collaboratively and contributes significantly to team goals
* Prepares in advance, actively listens, and offer constructive criticism in team meetings

Other Standards of Performance (if applicable)

Click here to enter text.

Comments/Examples (*Required)*

Click here to enter text.

1. **Leadership/Independent Action Rating** [ ]  **O** [ ]  **V** [ ]  **G** [ ]  **I** [ ]  **U**

 Suggested Standards of Performance

* Anticipates potential obstacles and acts
* Shares information and is accessible to other staff
* Practices sound resource management
* Initiates and prioritizes work assignments
* Learns from experience and initiates improvements
* Exhibits innovative problem solving skills

Other Standards of Performance (if applicable)

Click here to enter text.

Comments/Examples (*Required)*

Click here to enter text.

1. **Supervisory Skills (where applicable) Rating** [ ]  **O** [ ]  **V** [ ]  **G** [ ]  **I** [ ]  **U** [ ]  **N/A**

Suggested Standards of Performance

* Motivates others and/or mentors staff
* Delegates well-defined tasks fairly and manages work effectively
* Creates procedures to manage work effectively
* Encourages employee training and development

Other Standards of Performance (if applicable)

Click here to enter text.

Comments/Examples (*Required)*

Click here to enter text.

**PART III. PERFORMANCE SUMMARY**

 **In this narrative, the supervisor is to provide information concerning the staff member’s overall performance including:**

* 1. **Areas of strength**
	2. **Areas for improvement**
	3. **Areas for development (including professional development)**

Click here to enter text.

**Part IV. PERFORMANCE GOALS FOR NEXT EVALUATION PERIOD**

 (see separate form for merit recommendations)

**These performance goals should be mutually established by both the supervisor and employee in conjunction with the employee’s job description. Goals and performance standards should be specific, measurable/quantifiable, attainable, and relevant to the position and unit.**

**Goal #1**

**Goal**

Click here to enter text.

**Performance Standard**

Click here to enter text.

**Anticipated Deadline**

Click here to enter text.

**Goal #2**

**Goal**

Click here to enter text.

**Performance Standard**

Click here to enter text.

**Anticipated Deadline**

Click here to enter text.

**Goal #3**

**Goal**

Click here to enter text.

**Performance Standard**

Click here to enter text.

**Anticipated Deadline**

Click here to enter text.

**Goal #4**

**Goal**

Click here to enter text.

**Performance Standard**

Click here to enter text.

**Anticipated Deadline**

Click here to enter text.

**Goal #5**

**Goal**

Click here to enter text.

**Performance Standard**

Click here to enter text.

**Anticipated Deadline**

Click here to enter text.

**Additional Comments:**

Click here to enter text.

**Part V. Complete for Probationary Employees Only**

[ ]  **I recommend that the above employee be continues in his/her probationary appointment**

 **(6 –Month Evaluation)**

[ ]  **I recommend that the above employee be reappointed as a permanent employee upon the completion of his/her probationary period**

 **(Final Evaluation)**

 ***Please explain recommendation in space below***

Click here to enter text.

**Checklist for Performance Evaluation Packet:**

[ ]  **Part I- Coversheet with all required signatures**

[ ]  **Part II- Evaluation Criteria**

[ ]  **Part III- Narrative**

[ ]  **Part IV- Goals for next evaluation**

[ ]  **Part V- Probationary employee recommendation**

[ ]  **Report of Activities and Achievement**