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Performance Evaluation Form

Note: use your “Tab” key to move from field to field; do not use the “return” key as this will not move you to the next field.

**I. Identification:** Rating Period: to Name: Enter Employee Name Here

Supervisor:       Supervisor CWID:       Supervisor Position No:

Department       (Enter CWIDs / position numbers if known.)

Employee CWID:       Employee Position No:       Job Title:

Working Title:       (if applicable) Reason:  Annual  Interim  Supervisor Change

**II. Position Description**

Is the content of the PD current?  Yes  No (If no, complete a revised PD and submit it to Human Resources)

Does this position supervise others?  No  Yes (Yes = complete the Supervisor/People Mgmt. section below)

**III. Planning Section:** Signatures indicate that a signed performance plan for the 2018-19 evaluation period was completed on      , 2018 (enter month and day). Copies of the plan must be kept for three years for audit.   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Supervisor Signature Employee Signature

**IV. Coaching/Progress Review:** Mid-year review performance rating was: The mid-year review was held on:       (enter date of the mid-year review meeting; generally this will be a date in October).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Supervisor Signature Employee Signature

**V. Performance Elements Rating Summary**

**A. Accountability:**

**B. Interpersonal Relations:**

**C. Job Knowledge:**

**D. Customer Service:**

**E. Communication:**

**F. Supervision/People Management: (Required if the position supervises.)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**G. Individual Performance Measure** (Briefly describe in the text box below):

**Rating:**

**H. Individual Performance Measure** (Briefly describe in the text box below):

**Rating:**

**I. Individual Performance Measure** (If there is a 3rd IPM, briefly describe it in the text box below):

**Rating:**

***(If additional IPMs are needed, please attach an additional sheet.)***

**VI. Overall Performance Evaluation Rating**:

*(Note: If an overall “Needs Improvement” rating is assigned, a “Performance Improvement Plan,” a Corrective Action, OR both must be issued.)*

Evaluation Summary:Enter here a descriptive summary reflecting the overall performance rating.

**VII. Signatures**

Date:       Date:

Supervisor Signature Employee Signature

Employee agrees disagrees\* with the performance appraisal. \*Please attach an explanation.

**VII. Institutional Review:** The reviewer agrees with the review as submitted or as amended.

Reviewer comments, if any:

Reviewer Signature Date