



**Business Centers, HR/Finance COE, and kNEXT
SET Performance Appraisal**

Employee Name: _____

Employee ID: _____

Supervisor Name: _____

Feedback Period: From _____ through December 31, 2024

Instructions

Instructions are listed for each section. The supervisor should provide a copy of the signed feedback form to the employee after discussing and administering, retain the original for departmental files, and scan and send a signed copy with all attachments to their HRBC.

7. Do you feel like you have an overarching understanding of your role and responsibilities? If not, please explain why.

8. Do you feel you have everything you need to do your job?

9. Do you feel you work well with the rest of the team?

10. What can your supervisor do to help you succeed in the next year?

11. What other information would you like to share about this past year?

12. Do you have a copy of your most recent position description? Yes No
If no, please discuss with your supervisor to obtain a recent copy.

Dependability: Ability to be consistent and reliable in performing job responsibilities.

___ Distinguished ___ Exceeds ___ Meets ___ Needs ___ Unsatisfactory
 Expectations Expectations Improvement

Staff Development (for those in supervisory positions): Ability to effectively lead, manage, and make decisions that impact the team's success.

___ Distinguished ___ Exceeds ___ Meets ___ Needs ___ Unsatisfactory
 Expectations Expectations Improvement

III. Overall Feedback

To be completed by the supervisor.

Each supervisor will take all factors into consideration and employee feedback to assign an overall feedback rating.

- ___ Distinguished:** Performance at least exceeds expectations in all performance factors **and** is distinguished in a majority of the performance factors.
- ___ Exceeds Expectations:** Performance at least meets expectations in all performance factors **and** exceeds expectations in a majority of the performance factors.
- ___ Meets Expectations:** Performance meets expectations in all performance factors **or** meets expectations in all performance factors with **one** performance factor rated as needs improvement.
- ___ Needs Improvement:** Performance needs improvement in **two or more** performance factors.
- ___ Unsatisfactory:** Performance is unsatisfactory in a majority of the performance factors.

Supervisory comments on feedback rating (please attach additional pages if needed):

If the employee disagrees with their overall feedback rating, the supervisor will notify the employee of their option to submit a response/rebuttal within five business days after administering the review. The response/rebuttal should be submitted directly to the supervisor for consideration and inclusion with the appraisal and the personnel file.

IV. Signatures

To be completed by the supervisor, department head, and employee.

Immediate Supervisor
(Print Name/Sign/Date)

Department Head
(Print Name/Sign/Date)

Employee
(Print Name/Sign/Date)