



A & P Performance Review

NAME: _____ EMPLOYEE ID#: _____
DEPT NAME: _____ APPRAISAL PERIOD: From _____ (Date) To _____ (Date)

POLICY STATEMENT

The job performance of each Administrative and Professional (A&P) staff member is to be reviewed annually to ensure attainment of department/division goals and objectives, to enhance communications, and to facilitate and promote career growth and development.

INSTRUCTIONS

All the below sections should be completed by the immediate supervisor. All boxes need to be completed. If not applicable, please list NA. The review should then be discussed with, and approved by, the department head who may suggest changes to the original content.

APPRAISAL STATEMENT

In processing the performance appraisal, read through each performance factor and check the most appropriate rating by using the following key words as a guideline.

- Outstanding: Highest standard of excellence, exemplary, visionary, exceptional, executing, innovative, or leadership.
Above Satisfactory: Excels, consistent accuracy, implements, encourages, ambitious, cohesive, initiative, highly competent, secure, or highly committed.
Satisfactory: Satisfies general requirements, accurate, reliable, effective, flexible, basic strengths, appropriate conclusions, or harmonious.
Conditional: Inconsistent, unsure, minimal, inadequate, ineffective, unreliable, reluctant, occasional or neglectful.
Unsatisfactory: Unacceptable, consistently lacking, below standards, avoids, unable, unwilling, uncooperative, cannot relate, negligent, uninterested or untrustworthy.

Table with 6 columns: PERFORMANCE FACTOR, Unsatisfactory, Conditional, Satisfactory, Above Satisfactory, Outstanding. Rows include Knowledge of Job, Planning, Quality of Work / Accuracy, Adaptability / Flexibility, Judgment, Communication (Written, Spoken), Interpersonal Relationships (Students, Subordinates, Peers, Superiors), Initiative, Leadership, Problem Solving, Financial Management, Recruitment and Retention, Dependability, and Promotion of Cultural Diversity.

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Professional Development: Community involvement, publications and conferences / seminars attended professional certifications, and professional licenses. (Use additional sheets if necessary)

Strengths / Accomplishments: Briefly describe the staff member's most significant strengths and accomplishments during this rating period. It is important to support performance factors rated "Outstanding" by providing specific examples and justification. (Use additional sheets if necessary)

Areas of Improvement: List areas in which the staff member should take special care to address professional weaknesses or to prepare for professional advancement. It is important to support performance factors rated "Unsatisfactory" or "Conditional" by providing specific examples and justification. (Use additional sheets if necessary)

Goals and Objectives: Provide a brief description of the major goals and objectives for the next rating period. (Use additional sheets if necessary)

OVERALL PERFORMANCE EVALUATION

- Outstanding: Performance is at least satisfactory or above in all performance factors **and** outstanding in a majority of the performance factors.
- Above Satisfactory: Performance is at least satisfactory or above in all performance factors **and** above satisfactory in a majority of the performance factors.
- Satisfactory: Performance is either satisfactory in a majority of the performance factors or at satisfactory **or** above in a majority of the performance factors with **one** performance factor rated below satisfactory.
- Conditional: Performance is below satisfactory in **two or more** performance factors.
- Unsatisfactory: Performance is unsatisfactory in a **majority** of the performance factors.

Immediate Supervisor: _____

Department Head: _____

Print Name	Sign Name	Date	Print Name	Sign Name	Date
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STAFF MEMBER'S COMMENTS

Do you have a copy of your most recent position description? Yes No

Other Comments:

I certify this performance review has been discussed with me.

Staff Member's Signature	Date
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