|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Name:** |  | **Division/Dept.:** |  |
| **Job Title:** |  | **Evaluation period:** |  |
| **Supervisor Name:** |  | **Date:** |  |
| **Check one:** | **Self-Appraisal** | **Supervisor/Manager Appraisal** | |

**Part I. Review of Goals and Performance from Previous Year**

*List the staff member’s primary goals, activities, and/or projects that were assigned during the previous year, including those that were unplanned, and briefly review his/her performance for each goal, including the challenges faced and achievements and contributions made. Rate the staff member’s performance for each goal using the rating scale described on Page 3.*

|  |
| --- |
| **Goal 1:**  **Review:**  **\*Rating: \_\_\_\_** |
| **Goal 2:**  **Review:**  **\*Rating: \_\_\_\_** |
| **Goal 3:**  **Review:**  **\*Rating: \_\_\_\_** |
| **Goal 4:**  **Review:**  **\*Rating: \_\_\_\_** |
| **Goal 5:**  **Review:**  \*  **\*Rating: \_\_\_\_** |

\* *Ratings on self-appraisals are optional and at the discretion of the school/department.*

**Part II. Competency Review**

*Rate the staff member’s performance for each competency using this rating scale:*

***Strong*** *(exceeds or often exceeds expectations);* ***Acceptable*** *(meets expectations);* ***Needs Improvement***

|  |  |
| --- | --- |
| **Competencies** | **Competency Assessment:** |
| 1. Supports USF’s mission, Jesuit values, strategic plan/priorities and diversity/inclusion initiatives. | Strong  Acceptable  Needs Improvement |
| 1. Demonstrates leadership. If supervisor: effectively hires, manages, coaches, and develops staff day-to-day and through change. | Strong  Acceptable  Needs Improvement |
| 1. Delivers high-quality service to internal and external customers. | Strong  Acceptable  Needs Improvement |
| 1. Demonstrates good judgment, expediency, and flexibility in decision-making. | Strong  Acceptable  Needs Improvement |
| 1. Demonstrates positive constructive oral, written, and interpersonal communications and team skills. | Strong  Acceptable  Needs Improvement |
| 1. Demonstrates ability to achieve results and maintain accountability and fiscal responsibility (e.g. budget, spending, Concur, etc.). | Strong  Acceptable  Needs Improvement |
| **Competency Review**   1. For any competency where performance was *strong (exceeded/sometimes exceeded expectations)*, please briefly describe the staff member’s contributions: 2. For any competency where performance could improve please briefly describe the issue and the expectations to correct performance, including professional development assignments: | |

**Overall Performance Review (Parts I and II) Overall Rating: \_\_\_\_\_\_**

(Overall rating must be an accurate reflection of the individual ratings assigned.)

**Goals for Upcoming Year**

|  |
| --- |
| **Goal 1:**  **Expectations/Professional Development:** |
| **Goal 2:**  **Expectations/Professional Development:** |
| **Goal 3:**  **Expectations/Professional Development:** |
| **Goal 4:**  **Expectations/Professional Development:** |
| **Goal 5:**  **Expectations/Professional Development:** |

**Signatures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee:** |  | I would like to add comments to my evaluation | |
|  | (Print or Type Name) |  | (see attached) |
| **Signature:** |  | **Date:** |  |
| (My signature indicates that I have received a copy of this evaluation and not that I necessarily agree with its content.) | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor/ Manager:** |  |  |  |
|  | (Print or Type Name) |  |  |
| **Signature:** |  | **Date:** |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Dept. Manager/ Director:** |  |  |  |
|  | (Print or Type Name) |  |  |
| **Signature:** |  | **Date:** |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Vice President/ Dean:** |  |  |  |
|  | (Print or Type Name) |  |  |
| **Signature:** |  | **Date:** |  |
|  |  |  |  |

**Goals/Overall Performance Rating Scale and Descriptions**

|  |  |  |
| --- | --- | --- |
| **E:** | **Exceeds Expectations** | Overall quality of work was superior in the completion of all goals, priorities, and/or projects assigned. Exceptional contributions made in support of the school, department, and/or University. |
| **S:** | **Often Exceeds Expectations** | In the completion of some of the goals, priorities, and/or projects assigned, the quality of work and/or the contributions made were exceptional and in support of the school, department, and/or University. |
| **M:** | **Meets Expectations** | Quality of work fully met the high standards set. Primary goals, priorities, and/or projects were achieved. |
| **I:** | **Improvement Needed\*** | Performance was inconsistent, sometimes meeting expectations and sometimes not. One or more of the primary goals were not achieved.  *\*The appraisal should address how the staff member will correct performance in the deficient areas and should include professional development opportunities.* |
| **U:** | **Unacceptable\*\*** | Performance was consistently below expectations. Most goals/priorities were not achieved.  *\*\*A plan to improve performance should be attached to this appraisal and include goals, how the goals will be tracked/measured, performance expectations, timelines, and professional development assignments.* |

***Appraisals may be completed any time after January 1 to accommodate operations/business schedules.***

***Completed reviews must be submitted to HR in Lone Mountain Main 339 by April 30.***