



Performance Appraisal

Name:		For Performance Year: (mo./yr.)	
ID#:		Review Meeting Date:	
Job Title:		Manager's Name and ID #:	
Department Name:		Manager's Job Title:	

Section 1: Prior Year Performance Goals Appraisal

In the Performance Goal section, list the three to five key goals or objectives, the associated outcomes and weightings that align with the staff member's role and support the division's overall strategy. Use this section and the rating scale below for appraisal:

- Ratings:**
- 5 Exceptional Performer**
 Staff member exceeds expectations by stepping beyond the scope of their position description. Performance that exceeds expectations was due to the staff member's effort and skill. (Specific examples must be cited when a rating of "5" is given to justify this rating. Staff members receiving "5's" in every category should be exception not the norm.
 - 4 Pivotal Performer**
 Staff member is an essential member of the team with performance that is consistently above established expectations. The staff member seeks improvement of self, office practices, team, and/or department.
 - 3 Solid Performer**
 Staff member's performance fully meets the established job expectations and may on occasion exceed expectations. The staff member generally performs well and requires little additional guidance. (The expectation is that most staff should be in this category unless they are newly hired or have new responsibilities).
 - 2 Marginal Performer**
 Staff member meets some of the job expectations, but not the remainder and/or requires support and direction. The staff member generally performs at a minimal level and improvement is needed to fully meet expectations.

New Staff Member (less than one year): This rating *may* be given to a new staff member who has yet to master or learn a specific skill. It is not a reflection on the staff members skills, but simply a product of time in the position.
 - 1 Under Performer**
 Staff member's performance generally fails to meet the established expectations or requires frequent supervision and/or the redoing of work. The staff member does not perform at the level expected for employees doing this type of work. Unacceptable job performance is due to the staff member's lack of skill or effort.

Weight (optional):	% of 100%
Performance Goal:	
Mid-Year Check In:	mm/dd/yy On Track <input type="checkbox"/> Not on Track <input type="checkbox"/>
Mid-Year Feedback	
Staff member:	
Manager:	
Year- End Feedback	
Staff member:	
Manager:	

Manager Year-End Rating:	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>
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Weight (optional):	_____ % of 100%
Performance Goal:	
Mid-Year Check In:	mm/dd/yy On Track <input type="checkbox"/> Not on Track <input type="checkbox"/>
Mid-Year Feedback	
Staff member:	
Manager:	
Year- End Feedback	
Staff member:	
Manager:	
Manager Year-End Rating:	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>

Weight (optional):	_____ % of 100%
Performance Goal:	
Mid-Year Check In:	mm/dd/yy On Track <input type="checkbox"/> Not on Track <input type="checkbox"/>
Mid-Year Feedback	
Staff member:	
Manager:	
Year- End Feedback	
Staff member:	
Manager:	
Manager Year-End Rating:	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>

Weight (optional):	_____ % of 100%
Performance Goal:	
Mid-Year Check In:	mm/dd/yy On Track <input type="checkbox"/> Not on Track <input type="checkbox"/>
Mid-Year Feedback	
Staff member:	
Manager:	

Year- End Feedback	
Staff member:	
Manager:	
Manager Year-End Rating:	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>

Weight (optional):	_____ % of 100%
Performance Goal:	
Mid-Year Check In:	mm/dd/yy On Track <input type="checkbox"/> Not on Track <input type="checkbox"/>
Mid-Year Feedback	
Staff member:	
Manager:	
Year- End Feedback	
Staff member:	
Manager:	
Manager Year-End Rating:	5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/>

Section 2: Individual Development Plan (Goal Setting for Upcoming Year)

Identify 3-5 developmental goals and the strategy or action steps to meet each performance goal. These goals will be the basis for the upcoming appraisal year. (This is a non-scored section.)

Goal-Setting Framework

- Developmental goals result in outcomes that directly contribute to departmental success.
- Well-written goals meet specific criteria. The following "SMART" criteria can be used as a guideline to establishing goals: **S**pecific, **M**easurable, **A**ction-oriented, **R**ealistic and **T**ime-bound.

Performance Goals*	Performance Activities	Manager Support (completed by manager)	Success Measures	Target Completion Date
Example: Deliver clear and appropriate written correspondence, achieving the desired result in 100% of my written correspondence by the end of the year.	<ul style="list-style-type: none"> - Enroll in training classes on effective written correspondence - Follow up with corresponding individual to validate clarity of written communication 	Review/Confirm staff member written correspondence with Manager and other select individuals in order to validate the delivery is clear and appropriate.	<ul style="list-style-type: none"> - Successful completion of training class on effective written correspondence - 100% of correspondence at the end of the year is clear and appropriate and does not require follow up in order to achieve my desire result 	December 31, 2013
Goal #1:				
Goal #2:				

Goal #3:				
Goal #4:				
Goal #5:				
Long-Term Career Goal:				

*Goals are adjustable throughout the year

Section 3: Year-end Summary and Rating

The year-end summary should include overall observations about the staff member's performance and a final rating. Comments should effectively summarize performance and support the overall performance rating. After the manager and staff member have discussed the performance appraisal, the staff member should be given time to add his/her final comments to the review form before the form is signed and submitted to Human Resources.

Staff Member's Comments on Overall Performance:	
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Manager's Comments on Overall Performance:	
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Total Overall Score:	
Year-end Overall Performance Rating:	
Exceptional (5) <input type="checkbox"/> Pivotal (4) <input type="checkbox"/> Solid (3) <input type="checkbox"/> Marginal Performer (2) <input type="checkbox"/> Under Performer (1) <input type="checkbox"/>	

Instructions

Checklist:

- Please send the signed and completed, original review form to Department head.
- Do not forget to keep a copy of the review for your file.
- Provide a signed copy to your staff member.

Section 4: Signatures

Signing this form does not indicate agreement, but acknowledges that your performance has been discussed and reviewed with you.

Staff member's Signature: _____ Date: _____

Manager's Signature: _____ Date: _____

Second Level Manager's Signature: _____ Date: _____
(Optional)