

MISSISSIPPI UNIVERSITY FOR WOMEN

Support Staff Employee Performance Appraisal

I. Personal Information

Employee Name: _____
 Title: _____ Department: _____
 Supervisor: _____ Appraisal period _____ To _____

| | | | |
|-------------------|---------------------------------|--------------------------------------------------------|------------------------------------------------|
| Type of appraisal | <input type="checkbox"/> Annual | <input checked="" type="checkbox"/> Promotion/Transfer | <input type="checkbox"/> Other (Specify) _____ |
|-------------------|---------------------------------|--------------------------------------------------------|------------------------------------------------|

How often does the evaluator interact with person being evaluated? (i.e. daily, weekly, etc.) _____

II. Primary Duties: _____

III. Evaluation in Relation to Current Job Requirements: Supervisor should carefully evaluate the employee's work performance in relation to current job requirements. For each general performance question and task performance question mark the appropriate rating.

| IV. General Performance Evaluation | Exceeds Expectations | Meets Expectations | Does Not Meet Expectations |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|
| <p>Job Knowledge Extent to which the employee understands and applies the principles, policies, procedures, and equipment required on the job. Consideration should be given to length of time in current position and general understanding of the field of work.</p> <p>Comments: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Productivity Extent to which employee produces acceptable work with consideration of difficulty, accuracy, thoroughness, and timeliness; ability to manage several responsibilities simultaneously; ability to plan and organize work.</p> <p>Comments: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Work Habits Extent to which employee is willing to carry fair share of work load; establishes priorities and allocates time and effort according to priorities; meets attendance standards; adheres to deadlines; adapts to change; uses discretion in dealing with problems or unusual situations; and enthusiasm toward work. Extent to which employee seeks out new assignments and voluntarily assumes additional duties when necessary and proposes new and better ways of doing things.</p> <p>Comments: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Interpersonal Relations Extent to which employee establishes positive and supportive relationships with supervisor, coworkers, and internal and external customers. This factor is also a measure of cooperation and effectiveness as a member of a team.</p> <p>Comments: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Professionalism Extent to which employee has good personal habits, clothing, and grooming considering the nature of the job; the employee adheres to and supports University policies and demonstrates honesty and integrity in performing job; and employee shows a willingness to learn and improve his or her skills.</p> <p>Comments: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| V. Tasks / Duties Performance Evaluation | Exceeds Expectations | Meets Expectations | Does Not Meet Expectations |
|------------------------------------------|--------------------------|--------------------------|----------------------------|
| Task 1: _____ Comments: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Task 2: _____ Comments: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Task 3: _____ Comments: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Task 4: _____ Comments: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Task 5: _____ Comments: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Task 6: _____ Comments: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Task 7: _____ Comments: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Task 8: _____ Comments: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Task 9: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| V. Tasks / Duties Performance Evaluation | Exceeds Expectations | Meets Expectations | Does Not Meet Expectations |
|----------------------------------------------|--------------------------|--------------------------|----------------------------|
| <p>Comments: _____</p> | | | |
| <p>Task 10: _____</p> <p>Comments: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Task 11: _____</p> <p>Comments: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Task 12: _____</p> <p>Comments: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Task 13: _____</p> <p>Comments: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Task 14: _____</p> <p>Comments: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Task 15: _____</p> <p>Comments: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

VI. PERFORMANCE PLAN

Instructions: Describe the objectives to be achieved by the employee during the next appraisal period. Indicate in job related, observable, attainable, and measurable terms the performance criteria for each objective. List specific completion dates for each objective. Use additional sheets if necessary.

| Task/Performance to Improve Objective to Be Achieved | Plan for Improvement | Date to be Completed | Follow up Results | | |
|---------------------------------------------------------|----------------------|----------------------|--------------------------|--------------------------|----------------------------|
| | | | Exceeds Expectations | Meets Expectations | Does Not Meet Expectations |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

VII. Supervisor Comments on strengths, weaknesses, and suggestions for improvement.

VIII. Employee Comments (Additional sheets may be attached.)

IX. Follow-up appraisal to assess improvement is required or is not required. (If follow-up appraisal will be conducted, provide scheduled date. _____)

X. OVERALL PERFORMANCE RATING (check one)
 Exceeds Expectations Meets Expectations Does Not Meet Expectations

XI. Date this performance appraisal was discussed with the employee. _____

Employment "At-Will" – Unless an employee has a written contract for a definite term, employment shall be "at-will."

| | |
|----------------------------------------|------|
| Supervisor Signature | Date |
| Employee Signature* | Date |
| President's Cabinet Member's Signature | Date |

*Employee's signature does not indicate agreement with this appraisal. It only acknowledges that the employee was given the opportunity to discuss the appraisal with the supervisor.

Copies: Original (and 1 copy – if President's Cabinet Member wants to maintain copies) **
 Copy - Employee
 Copy - Supervisor