



Institutional Advancement
Administrative Personnel
Performance Evaluation Form

General Information:

Employee Name: _____	
Job Title: _____	Department: _____
Appraisal Period: _____	Probationary Period (four, eight, or 12 month): _____
Length of service in current position: _____	Length of continuous service at NSU: _____
A mid-year review occurred on: _____	Supervisor's initials: _____ Employee's initials: _____

Note: Before initiating this review, a job description should be available for review. This review should be conducted on the basis of the requirements set forth in the job description and performance expectations as defined for this evaluation period. (Attach job description to this form)

My current job description reflects my current duties and responsibilities: Yes _____ No _____
If no, please explain:

Evaluation Information:

1. Performance Expectations:
Goals and Objectives
Note: This section is to be completed at the beginning of the evaluation period.

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2. Job-related Developmental and Educational Advancement: (filled out by employee)

Current Year:

3. Current Year Evaluation:

a. Customer Service – Responds quickly and in a friendly manner to requests from students, faculty, staff, administrators, and the external community.

CHECK ONE	
1	Inadequate
2	Needs Improvement
3	Fully Meets Requirements
4	Commendable
5	Outstanding

b. Quality of Work – Maintains acceptable standards of workmanship.

CHECK ONE	
1	Inadequate
2	Needs Improvement
3	Fully Meets Requirements
4	Commendable
5	Outstanding

c. Organization – Uses time management skills to organize activities to ensure timely completion while documenting appropriately.

CHECK ONE	
1	Inadequate
2	Needs Improvement
3	Fully Meets Requirements
4	Commendable
5	Outstanding

d. Knowledge Applicable to Job – Understands university policies and procedures, as well as job procedures, equipment and methods. Stays current in the field.

CHECK ONE	
1	Inadequate
2	Needs Improvement
3	Fully Meets Requirements
4	Commendable
5	Outstanding

e. Teamwork – Brings together the efforts of several individuals to achieve a work goal.

CHECK ONE	
1	Inadequate
2	Needs Improvement
3	Fully Meets Requirements
4	Commendable
5	Outstanding

f. Problem Solving – Recognizes and responds quickly and effectively to problem situations. Reports problems to supervisors in a timely manner when appropriate.

CHECK ONE	
1	Inadequate
2	Needs Improvement
3	Fully Meets Requirements
4	Commendable
5	Outstanding

g. Communication – Provides oral and written communications effectively, thoroughly and accurately.

CHECK ONE	
1	Inadequate
2	Needs Improvement
3	Fully Meets Requirements
4	Commendable
5	Outstanding

h. Supervision and Training – Directs other employees and student employees to further the goals of the department by training and informing. Encourages employees to obtain further training when possible.

CHECK ONE	
1	Inadequate
2	Needs Improvement
3	Fully Meets Requirements
4	Commendable
5	Outstanding

i. Effort and Innovation – Requires little work direction and employs innovative problem solving to accomplish objectives

CHECK ONE	
1	Inadequate
2	Needs Improvement
3	Fully Meets Requirements
4	Commendable
5	Outstanding

j. Service – Volunteers and participates in university governance and/or professional organizations, and/or community.

CHECK ONE	
1	Inadequate
2	Needs Improvement
3	Fully Meets Requirements
4	Commendable
5	Outstanding



Supervisor: Do not complete this section before consulting with second level supervisor unless the evaluation is for a probationary period.

4. Summary of Evaluation: The supervisor must provide a summary of the performance evaluation. This section enables the supervisor to address strengths as well as areas needing improvement.

CHECK ONE	
1	Inadequate
2	Needs Improvement
3	Fully Meets Requirements
4	Commendable
5	Outstanding

Immediate Supervisor Signature: _____ Date: _____

Second-Level Supervisor Signature: _____ Date: _____

5. Employee Comments:

Note: If employee wishes to appeal the results of the performance evaluation, a separate written appeal must be submitted to the supervisor within 10 days after receiving the results of the evaluation.

I have reviewed a complete copy of this form and have had the opportunity to discuss it with my supervisor(s). My signature does not necessarily reflect agreement with the evaluation.

Employee Signature: _____ Date: _____