INSTRUCTIONS FOR COMPLETING ELECTRONICALLY

The Classified Staff Employee Performance Evaluation form was created using Microsoft Word’s form completion features. To complete the form electronically, fill in the applicable text or check box fields. After completing one field, press the tab key to move to the next field. Tab from field to field until the document is completed.

In order to be able to tab between form fields the form must be “protected”. If you need to modify this form to suit departmental circumstances you will need to “unprotect” it first. To unprotect the document select the tools menu, then select “Unprotect Document”. If you wish to save the modified document in a manner that will allow for tabbing through form fields you will have to reprotect the document. To reprotect the document, select the tools menu then select “Protect Document”. A box will display that offers protection options. Select “protect for forms”. Although password protecting the document is an option, doing so may prevent others from making future adjustments to the document when required.

Before making any significant modifications to the form, you should review the proposed modifications with your unit’s Human Resources Consultant.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| University of Washington EMPLOYEE PERFORMANCE EVALUATION (for classified staff) | | | **INSTITUTION/DEPARTMENT** | | |
| **EMPLOYEE’S NAME** | | **CLASSIFICATION TITLE** | **EVALUATION PERIOD** FROM      TO | **EVALATION DATE** | |
| PERFORMANCE FACTORS | **PERFORMANCE EXPECTATIONS: COMMENTS AND/OR EXAMPLES (ATTACH EXTRA SHEETS IF NEEDED)** | | | | **RATING** |
| **QUALITY OF WORK** COMPETENCE, ACCURACY, NEATNESS, THOROUGHNESS. |  | | | | OUTSTANDING\* EXCEEDS EXPECTATIONS  MEETS EXPECTATIONS  NEEDS IMPROVEMENT  UNSATISFACTORY\* |
| **QUANTITY OF WORK** USE OF TIME, VOLUME OF WORK ACCOMPLISHED, ABILITY TO MEET SCHEDULES, PRODUCTIVITY LEVELS. |  | | | | OUTSTANDING\* EXCEEDS EXPECTATIONS  MEETS EXPECTATIONS  NEEDS IMPROVEMENT  UNSATISFACTORY\* |
| **JOB KNOWLEDGE** DEGREE OF TECHNICAL KNOWLEDGE, UNDERSTANDING OF JOB PROCEDURES AND METHODS |  | | | | OUTSTANDING\* EXCEEDS EXPECTATIONS  MEETS EXPECTATIONS  NEEDS IMPROVEMENT  UNSATISFACTORY\* |
| **WORKING RELATIONSHIP** COOPERATION AND ABILTY TO WORK WITH SUPERVISOR, CO-WORKERS, STUDENTS, AND CLIENTS SERVED. |  | | | | OUTSTANDING\* EXCEEDS EXPECTATIONS  MEETS EXPECTATIONS  NEEDS IMPROVEMENT  UNSATISFACTORY\* |
| **SUPERVISORY SKILLS** TRAINING AND DIRECTING SUBORDINATES, DELEGATION, EVALUATING SUBORDINATES, PLANNING AND ORGANIZING WORK, PROBLEM SOLVING, DECISION MAKING ABILITY, ABILITY TO COMMUNICATE |  | | | | OUTSTANDING\* EXCEEDS EXPECTATIONS  MEETS EXPECTATIONS  NEEDS IMPROVEMENT  UNSATISFACTORY\* |
| **OPTIONAL FACTOR** |  | | | | OUTSTANDING\* EXCEEDS EXPECTATIONS  MEETS EXPECTATIONS  NEEDS IMPROVEMENT  UNSATISFACTORY\* |

#### **DEFINITIONS OF PERFORMANCE RATING CATEGORIES**

**OUTSTANDING** \* – The employee has exceeded all of the performance expectations for this factor and has made many significant contributions to the efficiency and economy of this organization through such performance.

**EXCEEDS EXPECTATIONS** – The employee regularly works beyond a majority of the performance expectations of this factor and has made many significant contributions to the efficiency and economy of this organization through such performance.

**MEETS EXPECTATIONS** – The employee has met the performance expectations for this factor and has contributed to the efficiency and economy of this organization.

**NEEDS IMPROVEMENT** – The employee has failed to meet one or more of the significant performance expectations for this factor.

**UNSATISFACTORY** \* – The employee has failed to meet the performance expectations for this factor.

\* Give specific examples of this employee’s performance.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. SPECIFIC ACHIEVEMENTS (Attach additional sheets if necessary) | | | | |
| 1. PERFORMANCE GOALS FOR THE NEXT EVALUATION PERIOD | | | | |
| 1. TRAINING AND DEVELOPMENT SUGGESTIONS | | | | |
| 1. ATTENDANCE (Supervisors Comments) | | | | |
| RATER’S NAME (Print or Type) | RATER’S TITLE | RATER’S SIGNATURE | | DATE RATED |
| EMPLOYEE’S COMMENTS - | | | | |
| This performance evaluation was discussed with me on the date noted above. I understand that my signature attests only that a personal interview was held with me; it does not necessarily indicate that I agree with the evaluation. | | | EMPLOYEE’S SIGNATURE | DATE SIGNED |
| REVIEWER’S COMMENTS - | | | | |
| REVIEWER’S NAME (Print or Type) | REVIEWER’S TITLE | REVIEWER’S SIGNATURE \* | | DATE RATED |

\*A copy of the signed evaluation will be provided to the employee upon request.