

# PERFORMANCE APPRAISAL

## Cowley College Full-Time Non-Faculty Employees

Name: \_\_\_\_\_ Date of Appraisal: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Review Period From: \_\_\_\_\_ To: \_\_\_\_\_ Dept./Division: \_\_\_\_\_

### Performance Criteria

Respond to the following performance criteria, making specific comments in each category to support your rating.

Indicate (X) the appropriate performance level.

**Exceeds Requirements** – Employee goes far beyond the applicable Performance Criteria, thus, serving as a role model for all other employees and peers across the state to emulate.

**Meets Requirements** – Employee fully satisfies the applicable Performance Criteria of the position.

**Needs Improvement** – Employee is weak in one or more aspects of the applicable Performance Criteria, but this weakness is not detrimental to fulfilling the employee's duties.

**Unsatisfactory** – Employee weak in one or more components of the applicable Performance Criteria, and this weakness is detrimental to fulfilling the employee's duties.

*--Marking "Unsatisfactory" requires the development and implementation of an employee Improvement Plan. Contact the Office of Human Resources for guidance to initiate an Employee Improvement Plan.*

Exceeds Requirements	Meets Requirements	Needs Improvement	Unsatisfactory	Not Applicable
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**Job Knowledge** : Demonstrates knowledge of job objectives, duties, and responsibilities. Demonstrates knowledge of procedures, policies, and regulations related to the job. Proficient in skills required to complete the tasks. Knows, understands, and works towards department goals, and College vision and mission. Demonstrates understanding of how the department integrates with other College entities.

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#### *Supporting comments and/or feedback*

Employee:

Supervisor:

**Job Performance**: Performs accurate and thorough work; regularly checks and corrects own work. Prioritizes, organizes and completes work effectively and efficiently. Meets deadlines. Uses technology effectively to perform job related tasks. Continuously performs assessment of systems and processes to identify areas needing improvement. Solves problems promptly. Incorporates new and revised work processes and procedures as they develop. Participates effectively in the budget process (when appropriate). Uses available resources efficiently. Suggests and implements cost-saving measures. Works well with other units. Reviews and updates administrative procedures, as needed. Handles confidential information appropriately.

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#### *Supporting comments and/or feedback*

Employee:

Supervisor:



<p>Respond to the following performance criteria, making specific comments in each category to support your rating.</p> <p>Indicate (X) the appropriate performance level.</p> <p><b>Exceeds Requirements</b> – Employee goes far beyond the applicable Performance Criteria, thus, serving as a role model for all other employees and peers across the state to emulate.</p> <p><b>Meets Requirements</b> – Employee fully satisfies the applicable Performance Criteria of the position.</p> <p><b>Needs Improvement</b> – Employee is weak in one or more aspects of the applicable Performance Criteria, but this weakness is not detrimental to fulfilling the employee's duties.</p> <p><b>Unsatisfactory</b> – Employee weak in one or more components of the applicable Performance Criteria, and this weakness is detrimental to fulfilling the employee's duties.  --Marking "Unsatisfactory" requires the development and implementation of an employee Improvement Plan. Contact the Office of Human Resources for guidance to initiate an Employee Improvement Plan.</p>	Exceeds Requirements	Meets Requirements	Needs Improvement	Unsatisfactory	Not Applicable
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<p><b>Professional Development:</b> Met goals for Professional Development Plan. Applies new knowledge or skills acquired from development opportunities. Helps others learn new systems, processes, and/or programs. Has appropriate professional development plan for upcoming year.</p>					
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*Supporting comments and/or feedback*

Employee:

  
  
  
  

Supervisor:

<p><b>Supervisory Responsibilities:</b> Provides a participatory team-based environment which encourages open communication and intelligent risk taking. Supports team and individual professional development to realize and enhance capabilities. Provides development opportunities for employees. Ensures that all new procedures and policies are communicated to and understood by staff. Ensures that all staff know, understand, and work toward department goals and College vision and mission. Addresses personnel problems and disciplinary issues in a timely manner. Documents personnel problems and disciplinary action taken. Schedules and conducts employee performance reviews.</p>					
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*Supporting comments and/or feedback*

Employee:

  
  
  
  

Supervisor:

<p><b>Culture of Continuous Improvement:</b> Advances the four core values: People, Accountability, Integrity, and Leadership in concept and performance through an environment of continuous improvement where people respect others, embrace personal accountability, embolden integrity in all aspects of performance, and lead through examples worthy of imitation while embracing and facilitating organizational change and advancement.</p>					
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*Supporting comments and/or feedback*

Employee:

  
  
  
  

Supervisor:

**Shared Goals: Professional Development Plan**

*Employee* (Employee's proposed Professional Development Plan)

*Supervisor and Employee Professional Development Plan Agreement* (Serves as Employee's Professional Development Plan)

**Supervisor: Has the position description been revised? No \_\_\_\_\_ Yes \_\_\_\_\_**  
**If yes, date revision sent to HR: \_\_\_\_\_**

**Signatures**

I acknowledge that this performance appraisal was conducted to evaluate my performance in the specified period and to discuss future performance and development plans. Also a current copy of my job description was reviewed with me by my supervisor. I further understand that I am entitled to receive a copy of my performance appraisal bearing all the required signatures. It is my understanding that a permanent record of these results will be maintained in the Department of Human Resources.

I Agree with this Employee Evaluation and Professional Development Plan

I Disagree with: Employee Evaluation / Professional Development Plan (please circle all that apply)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title \_\_\_\_\_

Immediate Supervisor completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Division Administrative Council Member: \_\_\_\_\_ Date: \_\_\_\_\_