## Staff Performance Review Form

##  Version A: Focus on Objectives

#### Personal Identification Information

Name of Individual or Team

Department

Job Title

Division or Work Unit

Supervisor

Date of Last Review

Date of this Review

Date for Next Review

Performance Reviewer:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Self** |  | **Team** |  | **Supervisor** |

**Individual, Work Unit, or Team Performance Objectives**

For each of the objectives listed, describe performance in the narrative section. Check the performance development plan box if there is follow up related to this factor that is to be addressed in an action plan. If performance requires improvement, check “needs improvement” and be sure to establish an action plan.

Objective (repeat as needed):

|  |  |
| --- | --- |
|  | Needs improvement |

Narrative:

|  |  |
| --- | --- |
|  | See performance development plan |

**Licenses and Certification**

Use this section to indicate if licenses or certifications required for the performance of this position are current. These might include Washington State Driver’s License, Physician Assistant License, Boiler Engineer Certification, etc. If licenses and certifications do not apply to this position, mark the N/A box. In the event that licensing or certification is not current, develop an action plan. The narrative space may be used to identify types, status and dates of licenses or certificates. Certification received in areas not required for job performance would be addressed under noteworthy work performed, projects or accomplishments.

Are required licenses and certifications current?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | Not Applicable |

Narrative:

|  |  |
| --- | --- |
|  | See performance development plan |

**Have the supervisor and staff member reviewed the job description for this position and updated it if needed?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

*Please return an electronic copy to* *hr@pugetsound.edu* *with the review date in the upper left hand corner*

**Has this staff member completed the online harassment prevention tutorial within the last two years?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

*The tutorial is online at* [*http://www.pugetsound.edu/about/offices-services/human-resources/harassment-prevention-tutorial/*](http://www.pugetsound.edu/about/offices-services/human-resources/harassment-prevention-tutorial/)*.*

#### Summary of Performance

This section is available to summarize the staff member’s overall performance noting whether it generally meets standards or if there is significant cause for concern about the staff member’s performance. When giving examples, be as specific as possible.

#### Noteworthy Work Performed, Projects, and/or Accomplishments

Describe noteworthy projects or work performed during this review period. This is an opportunity for the staff member or the supervisor to highlight significant examples of skills, accomplishments and abilities.

#### Comments from Other Supervisory Personnel

Other individuals who have some level of supervisory responsibility for this individual’s position are invited to add comments about the staff member’s performance during this development appraisal period. For example, an academic department head might invite other members of the faculty in the department to comment on the performance of the staff member who provides clerical and secretarial support to the faculty. It is important that the staff member know ahead of time who will be providing comments in this process.

Supervisor’s Signature and Date

#### Staff Member’s Comments

This space is for staff member comments relative to the official performance appraisal that is developed by the supervisor following the performance interview with the staff member. Once the staff member has signed the official review and had an opportunity to comment, it will be routed to the next level supervisor for signature and comment, and then sent to Human Resources for the staff member’s personnel file.

|  |  |  |  |
| --- | --- | --- | --- |
|  | I have chosen not to provide further comments |  | I have chosen to provide comments as follows: |

*Your signature does not mean you agree with this document, only that you have reviewed it.*

Staff member’s Signature and Date

**Next Level Supervisor’s Comments**

This space is available for the next level supervisor to add comments concerning the staff member’s development during this review period, if any.

*Your signature indicates that you have reviewed this document and that all parts including applicable performance development plans are complete.*

Next Level Supervisor’s Signature and Date