

Employee Performance Appraisal

Name _____ Employee # _____ Office Location _____ Hire Date _____

Title _____ Appraisal Date _____ Appraisal Period _____ Due Date _____

1= Unsatisfactory 2= Improvement Needed 3= Competent 4= Highly Effective 5= Outstanding

Criteria	Explanation	Rating:	1	2	3	4	5
Vision	Understands and embraces the Conference's mission and goals.						
Knowledge	Effective blend of experience and training for accomplishing job requirements.						
Adaptability	Able to quickly grasp the essential elements of each assignment.						
Quality	Thorough, consistent, and accurate completion of work.						
Quantity	Level of output reflects good use of time.						
Neatness	Clean and orderly work and work areas.						
Initiative	Develops and performs tasks without supervision. Shows growth in knowledge and abilities.						
Innovation	Looks for creative, efficient methods for accomplishing goals.						
Communication	Effective communication to the public, supervisors, peers, and subordinates— both verbally and in written form.						
Interaction	Works harmoniously with others. Listens to and accepts input from others with a teachable spirit.						
Attitude	Maintains a positive, uplifting attitude in performing responsibilities. Even tempered.						
Dependability	Reports for work as scheduled. Completes tasks and projects on time and in a mature manner.						
Leadership	Demonstrates high standards of excellence and integrity. Able to influence others to follow.						
Judgement	Demonstrates ability to make good decisions. Willingness to accept responsibility for results.						
Delegation	Works effectively through others. Able to share responsibility and follows tasks through to completion.						
Perseverance	Steadfast pursuit of objectives when faced with unexpected obstacles.						
Appearance	Appropriately dressed and groomed for responsibilities.						
Total Rating							

17	34	51	68	85
Unsatisfactory	Improvement Needed	Competent	Highly Effective	Outstanding

Employee Performance Appraisal

Part 2

Exceptional Contributions:

Areas for Improvement:

Goals for Continuing Development

Date

Supervisor/Evaluator Signature & Date

Employee Signature & Date

Above signatures indicate that a personal, face-to-face interview occurred on the date shown.

Employee Performance Appraisal

Employee Preliminary *Self*-Appraisal

_____ Name	_____ Employee #	_____ Office Location	_____ Hire Date
_____ Title	_____ Appraisal Date	_____ Appraisal Period	_____ Due Date

Your upcoming performance appraisal will focus on reviewing your past performance with an emphasis on positive goal setting.

Your appraisal process is designed to be a dialogue. Your input regarding job responsibilities and accomplishments as well as areas needing improvement are crucial to its effectiveness. **Please return this form to the Administrator by the due date indicated.**

1. Major Job Functions: Describe the major responsibilities in your position. On what elements do you invest the most time and effort?
2. Major Contributions: Review the major elements of your position. Note any significant problems you solved, any ideas successfully implemented, or major work goals attained.
3. Areas for Improvement: Describe any areas you feel have been "trouble spots" — things that have made you less effective than you otherwise could be. Please note any support from the organization which might remove these difficulties.
4. Immediate Action Plans: Describe the actions you want to take which would enable you to meet your intended goal(s) in this next year.
5. Career Goals: Describe your short and long range career goals.
6. Additional Comments: Note any additional questions or subjects you would like to discuss during your appraisal interview. If more space is needed use the back of this form.

Employee Signature _____

Date _____

Employee Statement of Acknowledgment

This is to acknowledge that I have received a copy of the Conference's Personnel Policy Handbook. I understand that it provides guidelines and summary information about its personnel policies, procedures, benefits, and rules of conduct. I also understand that it is my responsibility to read, understand, become familiar with, and comply with the standards that have been established. I further understand that the Conference reserves the right to modify, supplement, rescind, or revise any provision, benefit, or policy from time to time, with or without notice, as it deems necessary or appropriate.

I also acknowledge that both, the Conference and I, have the right to terminate the employment relationship at any time with or without cause, in compliance with the Personnel Policy Handbook, and that this employment-at-will relationship will remain in effect throughout my employment with the Conference unless it is specifically modified by an express written agreement signed by me and the CCSR chair.

I acknowledge that I have received and reviewed a copy of the Conference's Harassment policy. I further acknowledge that the policy has been explained to me, and that I have been given an opportunity to ask any questions I may have and that I understand its terms and provisions. I further acknowledge that this employment-at-will relationship may not be modified by any oral or implied agreement.

Employee's Name (Please Print)

Employee's Signature

Witness

Date