

Performance Evaluation Form

AFSCME 1699 Bargaining Unit Employees ONLY



OHIO
UNIVERSITY

Employee's Name: _____
Title: _____
Department: _____
Level: (Check One) Supervisor
 Non-Supervisor
Rater's Name: _____
Review Period: _____

Check One:
 Probationary
 Annual
 Special
Date: _____

RATINGS

(Check One)

RATING ELEMENTS

Excellent
Above Average
Satisfactory
Marginal
Unacceptable

Rate employee's performance in each area under one of the RATINGS listed at left.

PERFORMANCE OF DUTY

Consider the quality, quantity, and timeliness in accomplishing those duties outlined in the employee's position description. Does the employee meet established standards? Does the employee do as much as is expected?

KNOWLEDGE OF WORK

Consider the employee's knowledge of what to do and how to do it, ability to organize and schedule work load, awareness of assigned responsibilities. Is the employee also aware of the overall goals of the department.

WORK HABITS

Consider the employee's ability to work without constant supervision, his/her industry, motivation for self-improvement, maintenance and care of equipment, observation of rules and procedures. Is the employee's work area neat and free of safety hazards? Is initiative and interest in work shown.

ATTITUDE

Consider willingness to perform duties, desire to achieve, cooperation with fellow employees and management, acceptance of constructive criticism, adaptability to change and willingness to accept responsibility for his/her actions.

ATTENDANCE

Consider the Employee's adherence to work schedules, punctuality in reporting to work, respect for rest breaks and lunch periods, the proper use of sick and other types of leaves. Frequency of authorized and unauthorized absences.

DAYS MISSED this review period: _____

GENERAL CONDUCT AND APPEARANCE

Consider the appropriateness of dress for the position; wearing and care of the prescribed uniform where required. Manner and courtesy on the job and relations with the public.

OVERALL EVALUATION

Consider the ratings for all of the personal and performance elements above. Weigh the employee's total value to his/her department and to the university. MARK OVERALL RATING at left.

NOTES:

EMPLOYEE SIGNATURE: _____ **Date:** _____

I certify that this evaluation has been discussed with me by the evaluator. I understand that my signature does not necessarily mean I agree with it.

EMPLOYEE COMMENTS: *(Attach separate sheet if needed.)*

RATER'S SIGNATURE: _____ **Date:** _____

RATER'S COMMENTS: *(Attach separate sheet if needed.)*

REVIEWER'S SIGNATURE: _____ **Date:** _____

REVIEWER'S COMMENTS: *(Optional)*