

Name (last) (first) (middle initial)			Period of Report	
			From	To
Job Title			School or Department	
Date	Evaluation Type		Annual <input type="checkbox"/>	
	Probation <input type="checkbox"/>		Unscheduled <input type="checkbox"/>	

Ratings in first two left-hand columns require explanatory comments on page 2.

1. Job Knowledge

Inadequate knowledge of work. <input type="checkbox"/>	Limited knowledge of work. <input type="checkbox"/>	Adequate knowledge of work. <input type="checkbox"/>	Well informed working knowledge. <input type="checkbox"/>	Exceptionally thorough working knowledge of job. <input type="checkbox"/>
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2. Quality of Work

Work is unacceptable. <input type="checkbox"/>	Frequent errors, poor quality work. <input type="checkbox"/>	Meets job requirements <input type="checkbox"/>	Good quality work, very few errors <input type="checkbox"/>	Exceptionally accurate, high quality work. <input type="checkbox"/>
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3. Quantity of Work

Very slow worker. <input type="checkbox"/>	Below average volume. <input type="checkbox"/>	Average volume. <input type="checkbox"/>	Above average volume. <input type="checkbox"/>	Exceptionally high output. <input type="checkbox"/>
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4. Attitude Toward Job

Constantly negative. <input type="checkbox"/>	Frequently negative. <input type="checkbox"/>	Acceptable. <input type="checkbox"/>	Generally positive. <input type="checkbox"/>	Consistently positive. <input type="checkbox"/>
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5. Cooperation

Frequently causes unrest or friction with others. <input type="checkbox"/>	Cooperates reluctantly. <input type="checkbox"/>	Acceptable. <input type="checkbox"/>	Cooperates and gets along well with others. <input type="checkbox"/>	Exceptionally cooperative. <input type="checkbox"/>
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6. Dependability

Needs close supervision. <input type="checkbox"/>	Needs more supervision than others doing similar work. <input type="checkbox"/>	Needs only routine supervision. <input type="checkbox"/>	Needs minimal supervision. <input type="checkbox"/>	Carries out complex work with minimal supervision. <input type="checkbox"/>
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7. Adaptability

Does not adjust to new or different situations. <input type="checkbox"/>	Has difficulty adjusting to new or different situations. <input type="checkbox"/>	Adjusts satisfactorily to new or different situations. <input type="checkbox"/>	Adjusts easily to new or different situations. <input type="checkbox"/>	Highly flexible; consistently functions effectively. <input type="checkbox"/>
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8. Motivation

Lacks initiative, performs only as directed. <input type="checkbox"/>	Rarely shows initiative. <input type="checkbox"/>	Occasionally initiates action. <input type="checkbox"/>	Frequently shows initiative. <input type="checkbox"/>	Exceptionally ambitious and a self-starter. <input type="checkbox"/>
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9. Punctuality

Undependable. <input type="checkbox"/>	Frequently late. <input type="checkbox"/>	Acceptable. <input type="checkbox"/>	Infrequently late. <input type="checkbox"/>	Extremely dependable. <input type="checkbox"/>
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10. Safety (Not Applicable)

Often careless of safety of self and others. <input type="checkbox"/>	Occasionally careless of safety of self and others. <input type="checkbox"/>	Follows acceptable safety procedures. <input type="checkbox"/>	Practices good safety procedures. <input type="checkbox"/>	Exercises great care and foresight in protecting self and others from hazards. <input type="checkbox"/>
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1. Evaluator/Supervisor Comments: _____

2. Employee Comments: _____

3. Department/Division Administrator Comments: _____

Evaluator/Supervisor: _____
Department/Division Administrator: _____

The signature below does not imply that the employee necessarily agrees with the preceding report, but only that he or she has seen and discussed it with the evaluator and/or supervisor.

Employee signature _____ Date _____