

## EMPLOYEE PERFORMANCE REVIEW FORM

The employee under review must complete all sections designated "Employee." Supervisors must completed all sections designated "Supervisor." Performance Reviews should be submitted to the Office of Human Resources.

**EMPLOYEE INFORMATION** 

WC Employee ID number:			
Name of Employee: Proper Name Required	) (* 1 11	I N	0.00
First Name	Middle	Last Name	Suffix
Department:	Title:		
Supervisor:	Review P	eriod: to	
I. ACCOMPLISHMENTS FROM LAST YEAR: Plea	ase list up to 5	5 top accomplishments dur	ing this review
period. If you would like to list more than 5, continue on a se			
EMPLOYEE COMMENTS		SUPERVISOR COM	MENTS
1.			
2.			
3.			
4.			
5.			

Employee Name:	Review Period: to				
II WODE DI AN EOD THIS VEAD. Disease list up to	5 musicate that you arrest to accomplish during this coming				
II. WORK PLAN FOR THIS YEAR: Please list up to 5 projects that you expect to accomplish during this coming					
year. If you would like to list more than 5, continue on a sep-					
EMPLOYEE COMMENTS	SUPERVISOR COMMENTS				
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5.					
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III. PROFESSIONAL DEVELOPMENT: Please iden	tify training which would be beneficial for you to improve job				
skills and knowledge related to your current job as well as pr	tify training which would be beneficial for you to improve job epare you for future advancement. If you would like to list				
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Employee Name:		R	Review Period: _	to	
IV. PERFORMANCE EXPECTATIONS	Rarely Achieves Expectations	Occasionally Achieves Expectations	Fully Achieves Expectations	Occasionally Exceeds Expectations	Consistently Exceeds Expectations
Accomplishments		•		•	•
The extent to which the employee meets expectations in performing the job functions of his/her position as defined in the position description.	0	0	0	0	0
Comments:					
Service and Relationships					
The extent to which the employee's behaviors are directed toward fostering positive working relationships in a diverse workplace, respect for one's fellow workers, and cooperation with students, customers, and visitors.	0	0	0	0	0
Comments:					
Accountability and Dependability					
The extent to which the employee contributes to the effectiveness of the department and the overall mission of the College (NOTE: Time off approved under FMLA may not be considered.)	0	0	0	0	0
Comments:					
Adaptability and Flexibility					
The extent to which the employee exhibits openness to new ideas, programs, systems, and/or structures.	0	0	0	0	0
Comments:					
Decision Making and Problem Solving					
The extent to which the employee makes sound and logical job-related decisions that are in the best interest of the College. (As applicable, this element includes developing and managing human and fiscal resources within the framework of College policy and established goals.)	0	0	0	0	0
Comments:					

Employee Name:		R	eview Period: _	to	
V. OVERALL PERFORMANCE	Rarely Achieves Expectations	Occasionally Achieves Expectations	Fully Achieves Expectations	Occasionally Exceeds Expectations	Consistently Exceeds Expectations
Upon review of the requirements of the job and management's expectations of the employee's job performance, the employees overall rating is:  (Please note that the overall rating is not the sum of the Performance Expectation ratings. Attach documentation if employee rating is Rarely Achieves Expectations or Consistently Exceeds Expectations.)	Ο	0	0	0	0
VI. AUTHORIZATION SIGNATURE	ZS				
By signing below I hereby authorize that	the information	ı provided on t	his review is co	omplete and a	ccurate.
Supervisor's Signature				Date	
Dept. Head/Director Signature (to be re	eviewed prior	to employee's	signature)	Date	
VII. SUPERVISOR REVIEW CHECK	LIST				
To be completed by the supervisor				YES	NO
Job duties and performance expectations	have been discu	ussed with the	employee.	0	0
Plan for professional development has been discussed with the employee.		0	0		
Fiscal Year work plan has been developed	Year work plan has been developed and discussed with the employee.		0	0	
VIII. EMPLOYEE REVIEW CHECKS To be completed by the employee	LIST			VEC	NO
				YES	NO
My performance has been reviewed and d	liscussed with i	ne.		0	0
I feel that my supervisor understands my	concerns.			0	0
I have received a copy of my review				0	0

Employee Name:	Review Period:	to
IX. SIGNATURES: To be completed at conclusion of	of Performance Review Meeting.	
By signing below, I acknowledge that I have participe the review.	pated in the review process and ha	ave received a copy of
Supervisor's Signature		Date
Employee's Signature		Date
This space may be used	l for additional comments	
SUPERVISOR COMMENTS:		

**EMPLOYEE COMMENTS:**