



## ANNUAL PERFORMANCE REVIEW FORM

Employee Name	<input type="text"/>
Department	<input type="text"/>
Job Title	<input type="text"/>
Supervisor	<input type="text"/>
Date of Review	<input type="text"/>
Annual Review Period	June 1, 2024 – May 31, 2025

### Instructions:

This form serves to document both employee performance for the annual review period and the conversation between employee and supervisor that takes place regarding annual performance. **For each section, please provide specific feedback (comments, examples, etc.) and a rating for that section.** When all sections are completed, assign an overall performance rating for review period. If a particular section does not apply, simply mark “N/A” in the rating box.

### The performance rating categories are:

- Outstanding
- Meets Expectations
- Improvement Needed (overall rating requires Work Improvement Plan)
- Unsatisfactory (overall rating requires Work Improvement Plan)

All completed employee reviews are to be submitted to the Office of Human Resources by a predetermined deadline that is communicated each year.

Feedback Areas	Comments/Examples	Rating
<b>Job-Specific Skills and Knowledge:</b> Employee understands the job requirements and possesses the required skills, experience and specific content knowledge necessary to accomplish goals and achieve results		

<b>Quality of Work:</b> Employee completes assigned work accurately, effectively and efficiently. Quality of work is consistent. Employee works in a fiscally responsible manner.		
<b>Communication</b> Employee facilitates open communication, demonstrates effective listening skills, constructively provides feedback, and takes appropriate action to address and resolve conflict. Cultivates relationships that leverage expertise.		
<b>Leadership Ability</b> Employee identifies, establishes, and articulates clear goals. Understands resource needs relative to goal achievement and effectively balances competing priorities. Promotes a work environment of mutual trust and respect. Inspires others to achieve. Leverages positive relationships to improve institutional performance. <b>NOTE: For those who have supervisory responsibility, please comment on the employee's ability to effectively lead and motivate people and/or teams.</b>		
<b>Commitment to Continuous Improvement</b> Employee shows evidence of a commitment to continuous improvement including, but not limited to, professional development activities ( <b>include documentation from University Engagement and Professional Development portal, if applicable</b> )		
<b>Commitment to Fostering an Inclusive Environment</b> Employee shows evidence of a commitment to fostering an inclusive environment which includes, but is not limited to, active engagement in institutional cultural and celebratory events and		

programming that honor the many identities present in the University community ( <b>include documentation from University Engagement and Professional Development portal, if applicable</b> )		
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## GOALS AND OPPORTUNITIES FOR IMPROVEMENT

### Comments/Examples

<b>Prior Year Goal Performance</b> Report out on specific goals set for the performance period; note whether or not goal was accomplished, any roadblocks, special circumstances, etc.	
<b>Opportunities for Continual Improvement</b> Identify areas for professional and personal growth and development. List areas that may require training. List activities employee can engage in to foster continual learning (reading, webinars, mentoring with supervisor, etc.)	
<b>LIST GOALS FOR UPCOMING PERFORMANCE YEAR:</b>	

**Overall Performance Rating (check one):**

- ☐ Outstanding
- ☐ Meets Expectations
- ☐ Improvement Needed (Work Improvement Plan required)
- ☐ Unsatisfactory (Work Improvement Plan required)

**Additional Supervisor Comments:**


**Additional Employee Comments:**


**By signing this form, you are indicating that a conversation about annual performance and future performance goals took place. Any employee wishing to submit comments in response to this annual review may do so by sending them to the Office of Human Resources. If appropriate, the comments will be shared with the supervisor.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor/  
Person Completing Review

\_\_\_\_\_  
Date