



EMPLOYEE PERFORMANCE REVIEW FORM

The employee under review must complete all sections designated "Employee." Supervisors must complete 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			
_____	_____	_____	_____
First Name	Middle	Last Name	Suffix
Department: _____	Title: _____		
Supervisor: _____	Review Period: _____ to _____		

I. ACCOMPLISHMENTS FROM LAST YEAR: Please list up to 5 top accomplishments during this review period. If you would like to list more than 5, continue on a separate page.

EMPLOYEE COMMENTS	SUPERVISOR COMMENTS
1.	
2.	
3.	
4.	
5.	

Employee Name: _____ Review Period: _____ to _____

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 separate page.

EMPLOYEE COMMENTS	SUPERVISOR COMMENTS
1.	
2.	
3.	
4.	
5.	

III. PROFESSIONAL DEVELOPMENT: Please identify training which would be beneficial for you to improve job skills and knowledge related to your current job as well as prepare you for future advancement. If you would like to list more than 4, continue on a separate page.

EMPLOYEE COMMENTS	SUPERVISOR COMMENTS
1.	
2.	
3.	
4.	

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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:					
Adaptability and Flexibility					
The extent to which the employee exhibits openness to new ideas, programs, systems, and/or structures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:					

Employee Name: _____ Review Period: _____ to _____

V. OVERALL PERFORMANCE	Rarely Achieves Expectations	Occasionally Achieves Expectations	Fully Achieves Expectations	Occasionally Exceeds Expectations	Consistently Exceeds Expectations
<p>Upon review of the requirements of the job and management's expectations of the employee's job performance, the employees overall rating is:</p> <p>(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.)</p>					
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VI. AUTHORIZATION SIGNATURES

By signing below I hereby authorize that the information provided on this review is complete and accurate.

Supervisor's Signature

Date

Dept. Head/Director Signature (to be reviewed prior to employee's signature)

Date

VII. SUPERVISOR REVIEW CHECKLIST		
To be completed by the supervisor	YES	NO
Job duties and performance expectations have been discussed with the employee.	<input type="radio"/>	<input type="radio"/>
Plan for professional development has been discussed with the employee.	<input type="radio"/>	<input type="radio"/>
Fiscal Year work plan has been developed and discussed with the employee.	<input type="radio"/>	<input type="radio"/>

VIII. EMPLOYEE REVIEW CHECKLIST		
To be completed by the employee	YES	NO
My performance has been reviewed and discussed with me.	<input type="radio"/>	<input type="radio"/>
I feel that my supervisor understands my concerns.	<input type="radio"/>	<input type="radio"/>
I have received a copy of my review	<input type="radio"/>	<input type="radio"/>

Employee Name: _____ Review Period: _____ to _____

IX. SIGNATURES: To be completed at conclusion of Performance Review Meeting.

By signing below, I acknowledge that I have participated in the review process and have received a copy of the review.

Supervisor's Signature Date

Employee's Signature Date

This space may be used for additional comments

SUPERVISOR COMMENTS:

EMPLOYEE COMMENTS: