WASHINGTON COLLEGE
FIRST COLLEGE CHARTERED IN THE NEW NATION

Performance Review Form *(to be completed for all staff and forwarded to Human Resources)*

Employee Name: _____

Department: _____ **Position Title:** _____

Review Completed By: _____ **Review Period** _____ **to** _____

A. PERFORMANCE EXPECTATIONS

1. **Accomplishments -** the extent to which the employee meets expectations in performing the job functions of his/her position as defined in the position description

   - ◯ Rarely Achieves Expectations (supporting documentation required)
   - ◯ Sometimes Achieves Expectations
   - ◯ Fully Achieves Expectations
   - ◯ Fully Achieves and occasionally Exceeds Expectations
   - ◯ Consistently Exceeds Expectations (supporting statement/documentation required)

2. **Service & Relationship -** 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.

   - ◯ Rarely Achieves Expectations (supporting documentation required)
   - ◯ Sometimes Achieves Expectations
   - ◯ Fully Achieves Expectations
   - ◯ Fully Achieves and occasionally Exceeds Expectations
   - ◯ Consistently Exceeds Expectations (supporting statement/documentation required)

3. **Accountability & 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.)

   - ◯ Rarely Achieves Expectations (supporting documentation required)
   - ◯ Sometimes Achieves Expectations
   - ◯ Fully Achieves Expectations
   - ◯ Fully Achieves and occasionally Exceeds Expectations
   - ◯ Consistently Exceeds Expectations (supporting statement/documentation required)

4. **Adaptability & Flexibility -** the extent to which the employee exhibits an openness to new ideas, programs, systems, and/or structures.

   - ◯ Rarely Achieves Expectations (supporting documentation required)
   - ◯ Sometimes Achieves Expectations
   - ◯ Fully Achieves Expectations
   - ◯ Fully Achieves and occasionally Exceeds Expectations
   - ◯ Consistently Exceeds Expectations (supporting statement/documentation required)

5. **Decision Making & 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.)

   - ◯ Rarely Achieves Expectations (supporting documentation required)
   - ◯ Sometimes Achieves Expectations
   - ◯ Fully Achieves Expectations
   - ◯ Fully Achieves and occasionally Exceeds Expectations
   - ◯ Consistently Exceeds Expectations (supporting statement/documentation required)

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B. SUPERVISOR'S COMMENTS: (this section may be used as documentation for the Consistently Exceeds and/or Rarely Meets Expectations ratings.)

C. EMPLOYEE'S COMMENTS: (Employees may provide additional comments to be retained with this document in the personnel file.)

D. PLAN OF DEVELOPMENT/IMPROVEMENT: Describe the employee's job-related areas that need development/improvement and the action(s) to be taken the by the supervisor and the employee to develop/improve each area.

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GOALS AND OBJECTIVES

The Goals and Objectives Form is intended to be used twice. The first time an evaluation is completed, only list goals and objectives for the coming evaluation period and the time frame for when each goal is to be met. These goals and objectives should include both departmental goals and plans for personal and professional development. The Evaluation section is to be used the second time an evaluation is completed. Use this section to evaluate the goals from the previous review. Also, at the second review, complete a new set of goals and objectives for the coming evaluation period.

	GOALS AND OBJECTIVES	TIME FRAME	EVALUATION
1			
2			
3			
4			
5			

Employee Name: _____

Review Period _____ **to** _____

1.	Job Duties and Performance Expectations have been discussed with employee?	Yes	No
2.	Plan of Development/Improvement has been discussed with employee?	Yes	No
3.	Goals and objectives have been developed and discussed with employee?	Yes	No
4.	Please attach any comments or required supporting documentation.		

Overall job performance level - The requirements of the job. (Please note that the overall rating is not the sum of the ratings from page 1.)

- Far Exceeds
- Exceeds
- Meets
- Partially Meets
- Fails to Meet Expectations

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

(1) _____ _____
Supervisor's Signature Date

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

(3) _____ _____
Employee's Signature Date