

# STAFF CONFIDENTIAL APPRAISAL FORM



<b>Name:</b>	<b>Position Title:</b>
<b>Employee ID#:</b>	<b>Evaluator's Name:</b>
<b>Department/Unit:</b>	<b>Date:</b>

Part I	<b>WORK PERFORMANCE FACTORS</b> (Complete all 5 factors. Illustrate with specific examples of on-the-job behaviour where possible)
<b>Client Service</b>	
<b>Working Relationships</b>	
<b>Communication</b>	
<b>Job Knowledge and its Application</b>	
<b>Taking the Initiative to Make Things Better</b>	

Part II	<b>INDIVIDUAL WORK PERFORMANCE FACTORS</b> (Select factors relevant to the responsibilities of the position. Illustrate with specific examples of on-the-job behaviour where possible)
Choose an item.	
Choose an item.	
Choose an item.	
Choose an item.	
Choose an item.	



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Part III	MUTUALLY AGREED UPON GOALS AND OBJECTIVES

Part IV	EVALUATOR'S COMMENTS

FACTOR RATING GRID	
Rating Number	INTERPRETATION
5	Exceptional performance in all areas of the job requirements which is recognized throughout their unit or broadly throughout the University. Normally, an employee would not receive a rating of 5 in consecutive years.
4	Performance significantly exceeded the requirements of the job in one or more key areas.
3	Performance was fully satisfactory in all key areas.
2	Need for recognizable improvement in one or more key areas.
1	Performance was significantly below job requirements in several important areas and improvements will be required or reassignment or termination will be considered. Ratings at this level are subject to disciplinary action.

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**Note: Evaluators may add a .25 (for 3 and above) or .5 increment to a staff member's rating to acknowledge performance that exceeds one category but does not achieve the next. Managers are expected to use the full range of evaluations as appropriate.**

<b>Overall Rating SELECT ONE BOX.</b>	5.0 <input type="checkbox"/>	4.75 <input type="checkbox"/>	4.5 <input type="checkbox"/>	4.25 <input type="checkbox"/>	4.0 <input type="checkbox"/>	3.75 <input type="checkbox"/>
	3.5 <input type="checkbox"/>	3.25 <input type="checkbox"/>	3.0 <input type="checkbox"/>	2.5 <input type="checkbox"/>	2.0 <input type="checkbox"/>	1.5 <input type="checkbox"/>

Part IV	STAFF MEMBER'S COMMENTS

**VERIFICATION**  
This document is an accurate summary of our discussion. All three signatures are required.

Staff Member's Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Evaluator's Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

\*Staff member's signature indicates that the member has seen this document and has had a discussion with their Evaluator on the content. If there is disagreement on content, please indicate this in Part V – Staff Member's Comments. Additional pages may be attached as necessary.