Performance Appraisal Form
Exempt/Salaried Staff

Employee Name___________________________________ Department_________________________________
Position Title______________________________________ Period Covered: From __________ to ___________
Date Started This Position____________________ Supervisor_________________________________________

Performance Criteria - For each of the factors listed below, place a check mark by the description that most closely represents your overall judgment of the individual's performance. Comments are helpful and encouraged.

A. Job Knowledge – Consider the degree of understanding of the job and related functions and the quickness with which the employee has developed understanding of functional tasks. Consider job knowledge relative to the length of time in the current position.

_____ Fully understands and applies the knowledge in performing all phases of job.
_____ Understands and is capable of performing all phases of job very well.
_____ Has adequate grasp of essential duties of job. Can proceed without special instructions on all regular work.
_____ Fair knowledge but lacks knowledge of some important aspects of job content.
_____ Poor job knowledge. Does not understand job duties.

Comments and/or suggestions:

B. Supervision Required - Degree of supervision required to perform job functions.

_____ Always follows instructions; you can be absolutely sure you will get the assignment when you want it.
_____ Regularly follows instructions; requires little follow-up.
_____ On only a few tasks is it necessary to check up to be sure of deadlines or following of instructions.
_____ Requires regular checking to be sure work will be done on time and in accordance with instructions.
_____ Requires very close supervision and monitoring of all work.

Comments and/or suggestions:

C. Quantity of Work – Ability to meet performance quota required to maintain department standards under normal conditions.

_____ Output of work is ordinarily high; regularly produces above and beyond the established requirements of position.
_____ Output of work exceeds amount deemed necessary for normal departmental operations.
_____ Turns out acceptable amount of work but seldom more output than is required for normal departmental operations.
_____ Work output is occasionally below established standards.
_____ Seldom gets work done in required time.

Comments and/or suggestions:
D. **Quality of Work** – Accuracy and thoroughness of the individual's work.

- Very thorough; mistakes are very rare.
- Very few errors, usually minor in nature. Work seldom has to be done over.
- Most work done well, usually acceptable in both accuracy and thoroughness.
- Work often unacceptable, frequent errors or rejections. (Use comment section).
- Work constantly rejected because of inaccuracies and mistakes - (use comment section).

Comments and/or suggestions:

E. **Adaptability** – Speed with which the individual masters new techniques or duties and grasps explanations.

- Exceptionally fast to learn and adjust to changed conditions.
- Learns easily; adjusts to changes rapidly.
- Adjusts to changes in methods or duties on request, with average amount of instructions.
- Adjusts to changes in methods or duties, but adjustment is slow and requires detailed instructions.
- Unable or unwilling to adjust to new methods or duties.

Comments and/or suggestions:

F. **Time Management** – Ability of the individual to effectively use available work time.

- Energetic; loses no time in starting and works right to last minute; plans work in advance so as to avoid delays.
- On the job at all times; very little idle time; industrious; regularly plans in advance to avoid delays.
- Spends no more time than necessary in talk or away from desk/work area; occasionally plans in advance to avoid delays.
- Spends more time than necessary in talk of away from desk/work area; sometimes causes delays in work output.
- Spends much time away from desk/work area, often interrupts work for idle talk.

Comments and/or suggestions:

G. **Cooperation** – The way in which individual handles work relationships.

- Goes out of the way to cooperate with others and ease conflicts
- Gets along well with others and is approachable.
- Shows acceptable behavior (not particularly friendly but not unfriendly either).
- Shows a reluctance to cooperate with others.
- Refuses to cooperate with others.

Comments and/or suggestions:
**H. Planning and Controlling** – Ability to develop logical courses of action and follow through to monitor accomplishment of objectives.

_____ Plans and achieves objectives ahead of schedule.
_____ Effectively plans and achieves all objectives on time.
_____ Achieves objectives and schedules with some difficulty.
_____ Occasionally plans and achieves objectives appropriately.
_____ Has poor planning skills and end results.

Comments and/or suggestions:

**I. Directing and Organizing** – Ability to influence and oversee the actions of others in achieving objectives. (Rate only if applicable to the employee's assignment).

_____ Promotes exceptional levels of employee morale in achieving high performance goals.
_____ Is almost always successful in organizing and influencing others to accomplish goals.
_____ Is usually successful in organizing staff to accomplish goals in a timely manner.
_____ Shows inconsistency in organizing and directing the activities of others.
_____ Total chaos reigns; is not able to organize or direct staff to accomplish objectives.

Comments and/or suggestions:

**J. Overall Evaluation** – The overall evaluation should reflect the assessment of the employee’s total performance, based upon the foregoing criteria. In making the assessment, consider the criteria according to the employee’s duties and responsibilities, taking care not to overemphasize on particular area.

_____ Outstanding, far exceeds standards
_____ Very Good, exceed standards: exceptions noted in previous comments.
_____ Average, meets standards: exceptions noted in previous comments.
_____ Below standard and needs improvement.*
_____ Unsatisfactory, continued performance at this level will lead to termination of employment.*

* If rated in either of these categories, describe specifics on separate paper and attach to this form.

________________________________     ___________         _____________________________     __________
Employee Signature*                   Date               Supervisor Signature                        Date

*Signature indicates only that the evaluation has been reviewed, and does not necessarily signify concurrence. A response to this evaluation may be made on a separate sheet and attached to this evaluation. PLEASE SEND COMPLETED EVALUATION FORMS TO THE HOPE COLLEGE HUMAN RESOURCES OFFICE.