ROWAN-VIRTUA
School of
Osteopathic Medicine

Performance Appraisal: Employee Review Form

Name: _____ **Job Title: _____**

Supervisor _____ **Department: _____**

Review Period **From: _____** **To: _____**

Purpose of Review:

____ Introductory **_____ Annual Performance** **____ Other: _____**

Score the performance in each job factor below on a scale of 5 - 1, as follows:

5 = Outstanding, consistently exceeds this job factor expectation and is recognized by peers and/or customers as a leader and positive example for others.
4 = Above Expectations, consistently meets and occasionally exceeds this job factor expectation.
3 = Meets Expectations, consistently meets this job factor expectation.
2 = Below Expectations, occasionally fails to meet this job factor expectation.
1 = Needs Improvement, consistently fails to meet this job factor expectation and a job performance improvement plan is required.

Section 1 - Job Performance (60% of total score) SCORE

Identify and enter the most critical job duties (up to five) based on the employee's role and responsibilities.

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Quality of Work _____ _____

Quantity of Work _____ _____

1 - Overall Score (Average: Add all scores and divide by the number of items) **=** _____

Section 1 Comments:

_____

_____

_____

Section 2 – Core Competency Evaluation (20% of total score) SCORE

Reliability _____ _____

Accountability _____ _____

Interpersonal Skills _____ _____

Adaptability _____ _____

Communication Skills _____ _____

Teamwork _____ _____

Customer Service _____ _____

Problem Solving _____ _____

Initiative _____ _____

2 - Overall Score (Average: Add all scores and divide by the number of items) **=** _____

Section 2 Comments:

_____

_____

_____

Section 3 – Professional Growth & Development (20% of total score) SCORE

Adaptability to Change _____ _____

Commitment to Quality Improvement _____ _____

Learning & Skill Development _____ _____

Developmental Goal Progress _____ _____

Learning Agility _____ _____

Optional Additional item _____ _____

3 - Overall Score (Average: Add all scores and divide by the number of items) **=** _____

Section 3 Comments:

_____

_____

_____

Overall Scores from Section 1-3 **Multiply by Weight**

1. Job Performance Average: _____ x .60 = _____ A
2. Core Competency Evaluation: _____ x .20 = _____ B
3. Professional Growth & Development: _____x .20 = _____ C

Overall Score (Add A+B+C) **=**_____

**If the overall score is below 3, please email SOM HR before issuing to employee*

Noteworthy Accomplishments for this review period (*optional*):

_____

_____

_____

Developmental goals for <u>the next</u> review period

1. _____
2. _____
3. _____

Signatures

The employee signature is an acknowledgement that he or she has received the appraisal and had the opportunity to discuss the contents. A signature does not indicate agreement with the content.

Employee: _____ Date: _____

Employee Comments:

_____

_____

_____

_____

_____

Additional Supervisor Comments:

_____

_____

_____

_____

_____

Supervisor/Manager: _____ Date: _____

Department Head:_____ Date: _____

Human Resources: _____ Date: _____

Please email completed and signed performance review form to SOMHR@rowan.edu for filing