

Performance Appraisal: <u>Employee</u> Review Form

Name:	Job Title:
Supervisor	_ Department:
Review Period From: To	:
Purpose of Review:	
Introductory Annual Performan	nce Other:
Score the performance in each job factor belo	ow on a scale of 5 - 1, as follows:
leader and positive example for others. 4 = Above Expectations, consistently meets and occas 3 = Meets Expectations, consistently meets this job for 2 = Below Expectations, occasionally fails to meet this	actor expectation.
Section 1 - Job Performance (60% of to	otal score) SCORE
Identify and enter the most critical job duties (up to fix and responsibilities.	ve) based on the employee's role
Quality of Work	
Quantity of Work	
1 - Overall Score (Average: Add all scores and d	livide by the number of items) =

ection 1 Comments:	
Costion 2 Core Competency Evaluation (200/ of total game)	SCORE
Section 2 - Core Competency Evaluation (20% of total score)	<u> 3CORE</u>
Reliability	
accountability	
nterpersonal Skills	
adaptability	
Communication Skills	
'eamwork	
Sustomer Service	
Problem Solving	
nitiative	
- Overall Score (Average: Add all scores and divide by the number of items) =	
ection 2 Comments:	
Section 3 - Professional Growth & Development (20% of total score)	SCORE
adaptability to Change	
ommitment to Quality Improvement	

Learning & Skill Development				
Developmental Goal Progress				
<u>Learning Agility</u> Optional Additional item				
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)	= <u></u>			
*If the overall score is below 3, ple	ease email SOM HR before issuing to employee			
Noteworthy Accomplishments for this	s review period (<i>optional</i>):			
Developmental goals for the next revi	iew period			
1				

<u>Signatures</u>		
The employee signature is an acknowledger to discuss the contents. A signature does no	nent that he or she has received t t indicate agreement with the cor	the appraisal and had the opportunity ntent.
Employee:		Date:
Employee Comments:		
		······································
Additional Supervisor Comments:		
Supervisor/Manager:		Date:
Department Head:		Date:
Human Resources:		Date:
Please email completed and signe	d performance review form to <u>s</u>	SOMHR@rowan.edu for filing
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