

**A & P Performance Evaluation Form**

EMPLOYEE INFORMATION

|  |  |  |
| --- | --- | --- |
| Last Name | First Name | Employee ID |
|  |  |  |
| Position Title | Department | Division |
|  |  |  |

EVALUATION INFORMATION

Appraisal Period Start Date

Appraisal Period End Date

1 Evidence of Strong Leadership

Self-Evaluation:

Supervisor Response:

2 Evidence of Good Fiscal and/or Administrative Management

Self-Evaluation:

Supervisor Response:

3 Evidence of Creativity and Innovation

Self-Evaluation:

Supervisor Response:

4 Evidence of Interpersonal and Communication Skills

Self-Evaluation:

Supervisor Response:

5 Evidence of Commitment to Customer Service [Please Define Who Your Principal “Customers” Are]

Self-Evaluation:

Supervisor Response:

6 List of Three to Five Most Significant Accomplishments in the Past Year

Self-Evaluation:

Supervisor Response:

7 Overall Evaluation of Performance

Self-Evaluation:

Supervisor Response:

8 Goals for the Coming Year

Self-Evaluation:

Supervisor Response:

9 Individual Development Plan

Self-Evaluation:

Supervisor Response:



**SUPERVISOR SECTION**

I acknowledge that this document reflects my evaluation of the employee’s performance and that it is accurate and true. I also acknowledge that prior to submission of this document to The Office of Human Resources, I reviewed this evaluation, and further discussed the essential functions of the position with the employee.

Supervisor Signature Supervisor Printed Name Supervisor Job Title Date



**EMPLOYEE SECTION**

By signature, I acknowledge that I discussed this evaluation with my supervisor and reviewed the evaluation, it does not imply agreement. I understand that I may receive a copy of this appraisal upon request.

Employee Signature Employee Printed Name Employee Job Title Date



**For Human Resource Use Only**

Date Entered: Processed By :

Comments: