**2024 Performance Review**

|  |  |
| --- | --- |
| Employee Name: | Job Title: |
| Employee ID#: | Department/Office: |
| Supervisor/Department Chair/Program Director/Dean: | Review Date: |
| **RATINGS:** | |
| **Exceeds Expectations:**  This rating is for those employees who are strong performers and consistently outperform their annual goals and expectations. Accomplishments are exceptional and are sustained over the review period. An employee given this rating demonstrates sustained mastery of all aspects of their job and their work is easily recognized as exceptional by others within and outside of the work department.  **Meets Expectations:**  This rating is for those employees who meet job expectations and achieve results consistent with the job requirements. They meet their established annual performance goals. *On occasion,* they also may demonstrate the ability to take on additional responsibilities and deliver desired outcomes. They are a solid performer and deliver results in line with the job demands.  **Does not meet Expectations:**  This rating is for the employee whose performance needs to improve in specified areas in order to meet their annual performance goals. Al*though some goals may be accomplished*, demonstrated work practices indicate the employee is experiencing difficulty in performing the essential functions of the job and is not producing the overall results that are expected. | |
| **PART ONE: Performance Review** | |
| Essential Functions on Job Description: *(copy and paste from position/job description)*   * Function #1:   \_\_\_\_ Exceeds Expectations \_\_\_\_\_ Meets expectations \_\_\_\_\_ Does not meet expectations  Optional comments:   * Function #2:   \_\_\_\_ Exceeds Expectations \_\_\_\_\_ Meets expectations \_\_\_\_\_ Does not meet expectations  Optional comments:   * Function #3:   \_\_\_\_ Exceeds Expectations \_\_\_\_\_ Meets expectations \_\_\_\_\_ Does not meet expectations  Optional comments:   * Function #4:   \_\_\_\_ Exceeds Expectations \_\_\_\_\_ Meets expectations \_\_\_\_\_ Does not meet expectations  Optional comments:   * Function #5:   \_\_\_\_ Exceeds Expectations \_\_\_\_\_ Meets expectations \_\_\_\_\_ Does not meet expectations  Optional comments:  *Supervisor to add additional functions if there are more than 5 on the position description.*   1. Demonstrated strengths and/or success in completing essential functions: 2. Areas for improvement in coming year: | |
| PART TWO: Performance Goals Review - *attach last year’s goals document to this review* | |
| **Progress on performance goals set last year:**  **Goal #1:** \_\_\_\_ Exceeds Expectations \_\_\_\_\_ Meets expectations \_\_\_\_\_ Does not meet expectations.  Comments:  **Goal #2:** \_\_\_\_ Exceeds Expectations \_\_\_\_\_ Meets expectations \_\_\_\_\_ Does not meet expectations.  Comments:  **Goal #3:** \_\_\_\_ Exceeds Expectations \_\_\_\_\_ Meets expectations \_\_\_\_\_ Does not meet expectations  (if applicable) Comments: | |
| PART THREE: Strategic Framework, Annual Training, & Work from Home Review | |
| **Strategic Framework:** How have you seen your position support one or more of the pillars of the strategic framework in the last year?   **Annual Trainings completed?**  * FERPA training. \_\_\_\_ * Information Security Training. \_\_\_\_ * Sexual Misconduct. \_\_\_\_ * Racial and Ethnic Harassment. \_\_\_\_ * Disability Discrimination \_\_\_\_\_   If NO to any of the above, state when training/education will be completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Work from Home/Remote Work Arrangement.*Any employee who either works from home in a hybrid fashion or is fully remote needs to complete a WFH/Remote Work Arrangement Form.* Supervisor and employee should review applicable policy, complete arrangement form, sign & date and attach to this Performance Review. | |
| **Overall rating for this Performance Review**:  \_\_\_\_\_ Exceeds Expectations \_\_\_\_\_ Meets Expectations \_\_\_\_\_ Does not meet Expectations | |
| **Supervisor Comments:**  (optional) | |
| **Employee Comments:**  (optional) | |
| **My supervisor and I have discussed the items outlined in and attached to this Performance Review.**  Employee Signature: Date:  Supervisor Signature: Date:  Next Review Date: | |