THE UNIVERSITY OF ALABAMA ANNUAL EMPLOYEE PERFORMANCE EVALUATION

Short Form

EMPLOYEE NAME (FIRST, MI, LAST):		
CWID#:	JOB TITLE:	
DEPARTMENT:		DIVISION:
PERIOD OF EVALUATION: From: April 1,		To: March 31,
TIME IN CURRENT POSITION	\ :	

Instructions: The "overall performance" rating should reflect the employee's total performance including job performance, skills, knowledge, behavioral traits and, if applicable, supervisory factors. NOTE: An employee receiving an overall performance rating of (1) Unacceptable should be placed on a Performance Improvement Plan. Contact your HR Partner to obtain a copy of that form and for instructions on how to proceed. Approved absences (to include but limited to those under Family Medical Leave or Military Leave) should not be a consideration or commented on in the evaluation process.

Distribution Instructions

- Return the original form to Human Resources Business Partners 1670 Ruby Tyler Parkway/Box 870126
- 2. Maintain one copy for your departmental records.
- 3. Distribute one copy to the employee.

The following rating scale guide is being provided to assist the evaluator in assigning the most appropriate measurement of the employee's performance factors, behavioral traits and supervisory factors. Please check **one box** to describe the overall rating.

- **1 = UNACCEPTABLE -** Consistently fails to meet job requirements; performance clearly below minimum requirements. Immediate improvement required to maintain employment.
- **2 = NEEDS IMPROVEMENT –** Occasionally fails to meet job requirements; performance must improve to meet expectations of position.
- **3 = MEETS EXPECTATIONS –** Able to perform 100% of job duties satisfactorily. Normal guidance and supervision are required.
- **4 = EXCEEDS EXPECTATIONS –** Exceeds job requirements; all planned objectives were achieved above the established standards and accomplishments were made in unexpected areas as well

	Unacceptable	Needs Improvement	Meets Expectations	Exceeds Expectations
	1	2	3	4
2.	were observed and a (Performance factors r	nce, skills, knowledge, beha re reflective of the overall ra nay include: Knowledge, Ski n; Dependability; Cooperatio	ting. Identify the employee lls and Abilities; Quality of W	's major accomplishments. ork; Quantity of Work; Work

1. Based on the employee's assigned duties and responsibilities, his/her overall performance rating is:

٥.	recommended professional development.	o improve periormance, including any
	Comments:	
4.	1 0 0	
	Comments:	
	5. See Attachment for Goals and Objectives, if applicable.	Yes No
		_
	6. Signatures	
		D. (
	Rater:	Date:
	Rater's Name (print):	Date:
	Reviewer's Name (print):	
	Reviewer's Name (print):	Date:
	Reviewer's Name (print):	

7.	Employee Verification of Review: I have been advised of my performance ratings. I have discussed the contents of this review with my supervisor. My signature does not necessarily imply agreement. My comments are as follows (optional). Attach additional sheets if necessary.
	Comments:
	Employee's Signature: Date:
	Employee's Signature: Date: