## Staff Performance Review Form

## Version D: Short Form for Staff With Five or More Years of Service in Current Position

#### Personal Identification Information

Name of Individual or Team

Department

Job Title

Division or Work Unit

Supervisor

Date of Last Review

Date of this Review

Date for Next Review

Performance Reviewer: Self Team Supervisor

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**Overall Evaluation (Circle One):**

**Exceptional:** A standard of performance which substantially exceeds requirements of the position.

**More than Satisfactory:** A standard of performance which exceeds requirements of the position.

**Satisfactory:** A standard of performance meeting requirements of the position.

**Less than Satisfactory:** A standard of performance below the requirements of the position, but one that may be regarded as marginally or **temporarily** acceptable.

**Note: if a staff member’s performance is less than satisfactory or unsatisfactory (defined as “unacceptable for the position involved,” the short-form review may not be used).**

**Review of performance objectives from the previous year:**

**Performance objectives for coming year:**

**Comments (may include noteworthy work performed, projects, accomplishments):**

**Have the supervisor and staff member reviewed the job description for this position and updated it if needed?**  Yes No

*Please return an electronic copy to* *hr@pugetsound.edu* *with the review date in the upper left hand corner*

**Has this staff member completed the online harassment prevention tutorial within the last two years?**  Yes No

*The tutorial is online at* [*http://www.pugetsound.edu/about/offices-services/human-resources/harassment-prevention-tutorial/*](http://www.pugetsound.edu/about/offices-services/human-resources/harassment-prevention-tutorial/)*.*

**Licenses and Certification**

Use this section to indicate if licenses or certifications required for the performance of this position are current. These might include Washington State Driver’s License, Physician Assistant License, Boiler Engineer Certification, etc. If licenses and certifications do not apply to this position, mark the N/A box. In the event that licensing or certification is not current, develop an action plan. The narrative space may be used to identify types, status and dates of licenses or certificates. Certification received in areas not required for job performance would be addressed under noteworthy work performed, projects or accomplishments.

Are required licenses and certifications current? Yes No Not Applicable

**Comments from Other Supervisory Personnel**

Other individuals who have some level of supervisory responsibility for this individual’s position are invited to add comments about the staff member’s performance during this development appraisal period. For example, an academic department head might invite other members of the faculty in the department to comment on the performance of the staff member who provides clerical and secretarial support to the faculty. It is important that the staff member know ahead of time who will be providing comments in this process.

#### Supervisor’s Signature and Date

#### Staff Member’s Comments

This space is for staff member comments relative to the official performance appraisal that is developed by the supervisor following the performance interview with the staff member. Once the staff member has signed the official review and had an opportunity to comment, it will be routed to the next level supervisor for signature and comment, and then sent to Human Resources for the staff member’s personnel file.

 I have chosen not to provide further comments.

 I have chosen to provide comments as follows:

*Your signature does not mean you agree with this document, only that you have reviewed it.*

Staff member’s Signature and Date

**Next Level Supervisor’s Comments**

This space is available for the next level supervisor to add comments concerning the staff member’s development during this review period, if any.

*Your signature indicates that you have reviewed this document and that all parts including applicable performance development plans are complete.*

 Next Level Supervisor Signature and Date