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# 2022 STAFF PERFORMANCE SUMMARY

Name (First/Last): **Click or tap here to enter text.**

Title: **Click or tap here to enter text.**

Department: Click or tap here to enter text.

Supervisor Name: Click or tap here to enter text.

Date of This Review: **Click or tap here to enter text.**

**REVIEW PERIOD – Select one:**

[ ]  Initial Evaluation Period Review

[ ]  Evaluation Review Period: Click or tap here to enter text.

Performance designations are based on meeting overall expectations and critical goals. To meet or exceed expectations, staff must also demonstrate consistent alignment with our core values appropriate to their jobs, such as self-expression, collegiality, courage, passion, diversity, leadership, environment and stewardship in support of the college’s mission.

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| --- |
| **Overall Performance Designation (Mark One)** |
| **Met****Expectations** |  | Performance **met expectations** in essential areas of responsibility. The quality of work overall was good. The most critical annual goals were met. |
|  |
| **Exceeded****Expectations** |  | Performance consistently **exceeded expectations** in essential areas of responsibility. The quality of work overall was excellent. Annual goals were consistently met or exceeded. |
|  |
| **Improvement****Needed\*** |  | Performance **did not consistently meet expectations** or failed to meet expectations in one or more essential areas of responsibility. One or more of the most critical goals were not met. Immediate and sustained improvement is required. Staff member has been notified of need for improvement and an action plan is in progress. \**Attach documentation supporting this designation; include the action plan for improvement.* |
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*Additional documentation may be attached to this form.*

**Summary of Progress on Critical Goals Established at the Onset (or during) the Current Review Period** *(additional documentation may be attached):*

Click or tap here to enter text.

**Critical Goals for Next Annual Review (Specific/Measurable/Achievable/Results- Focused/ Timely)** *(additional documentation may be attached):*

Click or tap here to enter text.

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| --- | --- |
| **Has the job description been updated to include the campus diversity statement and at least one competency related to diversity and inclusion?** Return an electronic copy of the current job description in Word (.docx) format to hr@pugetsound.edu |  **YES** [ ]  **NO** [ ]  |
| **Has this staff member completed the Preventing Harassment and Discrimination with Title IX and Clery tutorial within the last year?**  |  **YES** [ ]  **NO** [ ]  |
| **Has this staff member completed online Checkpoint: Data Security and Privacy tutorial within the last two years?**  |  **YES** [ ]  **NO** [ ]  |
| **Has this staff member viewed the “Shots Fired on Campus” video produced to educate the public on how to respond during an active shooter event?** To view the video visit: <https://www.pugetsound.edu/security-services/training-video-shots-fired-campus>. Puget Sound log-in credentials are required.) |  **YES** [ ]  **NO** [ ]  |
| **Has this staff member read the Conflict of Interest policy located in the HR policy section** <https://www.pugetsound.edu/office-university-counsel/policies/staff-policies/conflict-interest> **and completed a Conflict of Interest Disclosure and Authorization form if a potential or perceived conflict of interest exists?** Return a copy of the disclosure form to hr@pugetsound.edu | **YES** [ ]  **NO** [ ]  |
| **Has this staff member been offered university-sponsored learning and development opportunities?** | **YES** [ ]  **NO** [ ]  |

**Supervisor Comments** *(additional documentation may be attached):*

Click or tap here to enter text.

 **Staff Member Comments** *(optional, may attach self-assessment form if one was completed):*

Click or tap here to enter text.

If you wish to discuss this review with HR, please email hr@pugetsound.edu or call ext. 3369 (253.879.3369)

My supervisor has reviewed this summary of my performance with me. I understand that signing this form does not indicate agreement or disagreement with the summary, only that I have received it*.*

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.*Staff Member Signature Date*

I have met with the staff member and discussed the performance designation and the goals listed.

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.*Supervisor’s Signature Date*

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.*Department Head/Next Level Supervisor’s Signature Date*

### Completed form with all signatures must be submitted to Human Resources (CMB 1064, Howarth 016, hr@pugetsound.edu)