**Performance Evaluation of Staff**

University of Nebraska

Nebraska College of Technical Agriculture (NCTA)

|  |  |
| --- | --- |
| Employee Name: |  |
| Division/Unit(s): |  |
| Evaluation Year: |  |
| Position Title: |  |
| Date Prepared: |  |

**Purpose:**

This evaluation process is intended to recognize NCTA staff accomplishments and to assist staff in improving their effectiveness and efficiency. The document will identify employee strengths and opportunities for improvement, and provide a collaborative mechanism for recommending remedies for those areas needing improvement. This document will also be used as a supporting document to identify exceptional performance for use in promotion considerations, merit raises and award decisions.

Annual performance evaluations require: (1) preparation and review of staff activities; (2) evaluation of performance highlighting former goals and objectives, and (3) establishment of goals and objectives.

**Procedures, timeline and responsible party**

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| --- | --- | --- |
| **Timeline** | **Responsible Party** | **Action** |
| March 14-18 | HR Office | Notify supervisors of process timeline and access to forms:* *Staff Self Evaluation Form*
* *Staff Performance Evaluation Form*
 |
| March 18-24 | Supervisor | Distribute *Staff Self Evaluation Form* to employees to be completed. |
| March 24-30 | Employee | Complete and submit to their supervisor the *Staff Self Evaluation Form.* |
| March 30-April 9 | Supervisor | * Complete the *Staff Performance Evaluation Form*.
* Forward the completed *Staff Self Evaluation Form* and the completed *Staff Performance Evaluation Form* to the next level manager for review and comments, if any.
 |
| April 9-18 | Next Level Manager (may be the Dean) | * Review and make comments, if any, to the evaluation.
* Meet with the supervisor to discuss the evaluation, if necessary.
* Return the *Staff Self Evaluation Form* and the completed *Staff Performance Evaluation Form* to the supervisor.
 |
| April 18-27 | Supervisor and Employee | * Supervisor meets with employee to discuss the completed evaluation, accomplishments, goals and objectives.
* Employee signs the evaluation.
* Supervisor signs the evaluation.
* Supervisor forwards the evaluation to the Next Level Manager, if applicable; otherwise the evaluation is forwarded to the Dean.
 |
| April 27-May 1 | Next Level Manager | * Review and sign the evaluation.
* Forward the evaluation to the Dean.
 |
| May 1-5 | Dean and Dean’s Office | * Dean reviews and signs the evaluation.
* Dean’s Office forwards the evaluation to the HR Office.
 |
| May 5-15 | HR Office | Prepares copies for the staff employees and distribute. |

**Staff Self Evaluation Form**To be prepared by Employee

|  |  |
| --- | --- |
| Employee Name: |  |
| Division/Unit(s): |  |
| Evaluation Year: |  |
| Position Title: |  |
| Date Prepared: |  |

Please answer the following questions based on your work this past year.

1. **QUALITY OF WORK.** I feel my work is through and accurate.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Unsatisfactory |  | Needs Improvement |  | Good Work |  | Outstanding Work |  | Extraordinary Year |

**Comments:**

1. **PRODUCTIVITY**. I accomplish my goals in a timely manner.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Unsatisfactory |  | Needs Improvement |  | Good Work |  | Outstanding Work |  | Extraordinary Year |

**Comments:**

1. **KNOWLEDGE OF JOB**. I have the knowledge and skills needed to fulfill job responsibilities to complete my duties.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Unsatisfactory |  | Needs Improvement |  | Good Work |  | Outstanding Work |  | Extraordinary Year |

**Comments:**

1. **RELIABILITY**. I feel I work well with others, and create a positive work environment.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Unsatisfactory |  | Needs Improvement  |  | Good Work |  | Outstanding Work |  | Extraordinary Year |

**Comments:**

1. **STUDENT ENVIRONMENT**. My duties help provide a positive environment for students on campus.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Unsatisfactory |  | Needs Improvement |  | Good Work |  | Outstanding Work |  | Extraordinary Year |

**Comments:**

EMPLOYEE SIGNATURE Date

**STAFF PERFORMANCE EVALUATION FORM**
To be completed by Supervisor

|  |  |
| --- | --- |
| Employee Name: |  |
| Division/Unit(s): |  |
| Evaluation Year: |  |
| Position Title: |  |
| Personnel Number: |  |

In evaluating the employee consider overall job performance for the year. Check the job performance factor (good work, outstanding work, etc.) that best describes this employee. Comments on job performance must be made whenever an employee's performance is rated less than or more than Good Work. This evaluation must be reviewed and discussed with the employee.

# DEFINITION OF RATING STANDARDS:

1 = Unsatisfactory 2 = Needs Improvement 3 = Good Work 4 = Outstanding Work 5 = Extraordinary Year

**PERFORMANCE FACTORS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **JOB CONTENT** | **1** | **2** | **3** | **4** | **5** | **N/A** | **COMMENTS** |
| Work is thorough and accurate. |  |  |  |  |  |  |  |
| Accomplishes goals in a timely manner. |  |  |  |  |  |  |  |
| Demonstrates knowledge and skills needed to fulfill job responsibilities to complete duties. |  |  |  |  |  |  |  |
| Works well with other employees and creates a positive work environment.  |  |  |  |  |  |  |  |
| Communicates in an effective and productive manner to subordinates, superiors, students and others. |  |  |  |  |  |  |  |
| Shows ability to assess project/program needs and effectively use all resources available. |  |  |  |  |  |  |  |
| Is dependable in performing job duties and responsibilities. |  |  |  |  |  |  |  |
| Practices and adheres to affirmative action principles, policies and goals. |  |  |  |  |  |  |  |
| Performs duties in a way that enhances a positive environment for students on campus.  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| SUPERVISOR’S overall evaluation of staff’s performance. |  |  |  |  |  |  |  |

**Additional Comments (see below or attached), If Applicable**

**Employee:**

**Supervisor:**

**Next Level Manager:**

**Dean:**

**STAFF PERFORMANCE EVALUATION SIGNATURES PAGE**
To be completed by Employee, Supervisor, Next Level Manager (if applicable) and Dean

**EMPLOYEE**

Signature: Date:

**SUPERVISOR**

Signature: Date:

**NEXT LEVEL MANAGER (if applicable)**

Signature: Date:

**NCTA DEAN**

Signature: Date: