

Classified Staff Performance Appraisal

BGSU
Bowling Green State University
Bowling Green, Ohio 43403

Annual Form

Information Regarding Staff Member

Staff Member Name	BGSU ID	
Classification Title	Department Name	
PERFORMANCE PERIOD:	TYPE of APPRAISAL:	
From	End Probationary	Annual
To	Retain Staff Member?	Special

Definitions of Performance Ratings with Numeric Equivalents

- 5** **Exceptional performance** – staff member consistently demonstrates the behavior to a degree far above what is required by the position and/or far above others in a similar position—*This designation requires narrative justification with actual examples.*
- 4** **Exceeding successful performance** – staff member demonstrates the behavior to a degree above what is required by the position and/or above others in a similar position.
- 3** **Successful performance** – staff member consistently demonstrates the behavior to a degree as required by the position and/or similarly to others in a similar position.
- 2** **Approaching successful performance** – staff member does not consistently demonstrate the behavior to a degree as required by the position and/or tends to under-perform compared to others in a similar position.
- 1** **Poor performance** – staff member consistently demonstrates the behavior to a degree below what is required by the position and/or consistently underperforms compared to others in a similar position—*This designation requires narrative justification with actual examples.*
- NA** **Not applicable** – this aspect of the job is not included in the duties associated with this position.

Instructions:

- Carefully consider the performance of the staff member **as you have observed it over the performance period** with respect to **each of the behaviors outlined** below within each dimension of performance.
- Select the rating that **best represents** the performance of the staff member to each statement **individually**—Refer to the definitions of the ratings above.
- Comment** on the ratings with narrative comments in the space provided below each dimension. If you need additional space for comments, please type those comments in Microsoft Word and attach document to this form.
- Please note that the Ratings of (5) and (1) require a narrative justification with **observed behavioral examples**.
- Review ratings with the staff member, and **note his/her comments** about the ratings. Discuss and comment on **any differences** in opinion.
- Note and evaluate achievement of goals** outlined during previous review session. Indicate if this goal **was, was not, or was partially achieved**. If the goal was not achieved, **discuss this with the staff member** and comment on why and how **the two of you** can achieve this goal in the future.
- Communicate **new goals** and outline **how each goal can be achieved**.

Fosters an environment characterized by mutual respect.	5	4	3	2	1	NA
Demonstrates effective listening skills.	5	4	3	2	1	NA
Applies acceptable written communication skills.	5	4	3	2	1	NA
Applies acceptable verbal communication skills.	5	4	3	2	1	NA
Delivers friendly, courteous, and respectful service to internal and external customers.	5	4	3	2	1	NA

Supervisor's Comments	Staff member's Comments

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Focuses energy on work-related tasks, not personal interests.	5	4	3	2	1	NA
Works satisfactorily under pressure.	5	4	3	2	1	NA
Completes work in an appropriate manner for the task.	5	4	3	2	1	NA
Completes work duties accurately.	5	4	3	2	1	NA
Finishes job responsibilities in a timely manner.	5	4	3	2	1	NA

Supervisor's Comments	Staff member's Comments

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3. Useful Qualities – Work behaviors that demonstrate general characteristics of the staff member that are related to effective performance on the job:						
Cooperates with supervisor, coworkers, and customers.	5	4	3	2	1	NA
Utilizes appropriate safety equipment and attire.	5	4	3	2	1	NA
Demonstrates a consistent pattern of good-acceptable attendance.	5	4	3	2	1	NA
Keeps work area free of health and safety hazards.	5	4	3	2	1	NA
Seeks out and takes advantage of opportunities provided for training/development.	5	4	3	2	1	NA
Supervisor's Comments	Staff member's Comments					
Final Dimension Rating:						
4. Problem Solving – Work behaviors related to the staff member's ability to solve problems; considers the consequences of specific actions and chooses the most appropriate one:						
Uses good judgment and available information in making decisions.	5	4	3	2	1	NA
Draws valid conclusions based upon available information.	5	4	3	2	1	NA
Participates in addressing the unit's needs.	5	4	3	2	1	NA
Defines problems and initiates prompt action to resolve issues.	5	4	3	2	1	NA
Involves others in planning/decision making, as needed.	5	4	3	2	1	NA
Supervisor's Comments	Staff member's Comments					
Final Dimension Rating:						

Responds flexibly to change.	5	4	3	2	1	NA
Uses work resources efficiently.	5	4	3	2	1	NA
Identifies important work tasks.	5	4	3	2	1	NA
Organizes work to complete duties efficiently/effectively.	5	4	3	2	1	NA
Uses time effectively throughout the work day.	5	4	3	2	1	NA

Supervisor's Comments	Staff member's Comments
Final Dimension Rating:	

Demonstrates an understanding and accepts accountability for job duties and responsibilities as defined in the job description.	5	4	3	2	1	NA
Understands how his/her job relates to the priorities of the University, including serving and retaining students.	5	4	3	2	1	NA
Understands how the University and Department policies/procedures relate to his/her job.	5	4	3	2	1	NA
Shares and utilizes information appropriately.	5	4	3	2	1	NA
Effectively interprets job-relevant information to complete work tasks.	5	4	3	2	1	NA

Supervisor's Comments		Staff member's Comments	
		Final Dimension Rating:	

7. Leadership and/or Supervision – Work behaviors related to the staff member’s ability to motivate, develop, and direct people as they work; to identify the best people for the job; to get members of a group to work together; and provide guidance and direction to subordinates. Demonstrates ability to handle complaints, settle disputes and resolve conflicts. Identifies the educational needs of others, develops training programs or classes, and teaches others as applicable :

	5	4	3	2	1	NA
Achieves results by promoting teamwork.	5	4	3	2	1	NA
Demonstrates the ability to train others.	5	4	3	2	1	NA
Establishes clear expectations with staff/direct reports.	5	4	3	2	1	NA
Delegates work appropriately.	5	4	3	2	1	NA
Takes prompt action to resolve performance problems.	5	4	3	2	1	NA
Supervisor’s Comments	Staff member’s Comments					
Final Dimension Rating:						

Final Performance Rating Based On Dimension Rating:		
Supervisor’s Comments Regarding Final Rating	Staff member’s Comments Regarding Final Rating	

Goal Progress Goal 1 – Please rate the staff member’s progress towards achieving the specified goals from the previous year.			
Previous Goal Number One (1):	Achieved:		
	No	Yes	Partially
Comments regarding goal progress:			

(If Applicable) Goal Progress Goal 2 – Please rate the staff member’s progress towards achieving the specified goals from the previous year.			
Previous Goal Number One (1):	Achieved:		
	No	Yes	Partially
Comments regarding goal progress:			

(If Applicable) Goal Progress Goal 3 – Please rate the staff member’s progress towards achieving the specified goals from the previous year.			
Previous Goal Number One (1):	Achieved:		
	No	Yes	Partially
Comments regarding goal progress:			

Note: You are not limited to 3 goals. Attach a document outlining additional goals/comments.

New Goal 1 – Please outline a new goal for the staff member to achieve during the next performance period. Also, please outline how the staff member can achieve this goal, and what resources, if any, will be needed.

New goal:

How to achieve new goal:

(If Applicable) New Goal 2 – Please outline a new goal for the staff member to achieve during the next performance period. Also, please outline how the staff member can achieve this goal, and what resources, if any, will be needed.

New goal:

How to achieve new goal:

(If Applicable) New Goal 3 – Please outline a new goal for the staff member to achieve during the next performance period. Also, please outline how the staff member can achieve this goal, and what resources, if any, will be needed.

New goal:

How to achieve new goal:

NOTE: Forms without the staff member and supervisor signatures will be returned to the department. The final rating will not be entered in the database until we receive the original signed form.

**Return Original Signed Form to the
Office of Human Resources**

Evaluated
By

Title

Date of Staff member
Evaluation

Date Evaluation
Reviewed with Staff
member

Evaluator Signature _____ Date

I confirm that this performance appraisal has occurred and has been reviewed with me. I further confirm that my signature only acknowledges this fact and is not an indication of agreement with the review.

Staff member
Signature _____ Date