

**Clarkson University
Performance Evaluation Form
Non-Exempt Employees**

Name _____ Performance Evaluation Period _____

Title/Dept _____ Supervisor _____

Job Factors – rate each as S for Satisfactory or U for Unsatisfactory
(Provide Action Plan for any factor rated Unsatisfactory.)

Job Knowledge: *Overall knowledge and job skills related to assigned duties, responsibilities, policies and procedures as required for the position.*

Rating: _____

Action Plan:

Supervision Required: *Degree to which employee performs job duties as described for the position without a lot of instruction and/or monitoring by supervisor.*

Rating: _____

Action Plan:

Time Management: *Ability to use available work time efficiently in order to complete tasks/assignments on schedule as required for the position.*

Rating: _____

Action Plan:

Customer Service/Cooperation: *Ability to display courtesy and effectively interact with University community to deliver quality customer service.*

Rating: _____

Action Plan:

Initiative: *Determination, independence and ability to learn.*

Rating: _____

Action Plan:

Quality of Work: *Assignments are completed thoroughly and accurately. Employee exercises sound judgment in completing assignments.*

Rating: _____

Action Plan:

Team Work: *How employee interacts and communicates with co-workers and supervisor.*

Rating: _____

Action Plan:

Overall Employee Rating – Check Below

Satisfactory _____

Unsatisfactory _____

Based on the employee performance discussion, add a narrative summary of his/her performance over the last performance period. Detail accomplishments and goals achieved during the period and identify areas where employee may need to strengthen overall performance. If the employee received an **Overall Employee Rating of Unsatisfactory**, then a Performance Improvement Plan listing specific performance objectives must be included in a narrative format below. The Performance Improvement Plan will be reviewed by the supervisor and employee six months after this review.

Narrative Summary

Please note- if completing this form on-line, you may use as much space as needed. If not completing on-line, you may use a separate attachment if more space is needed.

Performance Evaluation Completed with Employee

Supervisor _____ Date _____

Employee _____ Date _____

(The employee signature does not imply agreement with the evaluation. The employee may attach additional comments if so desired.)

Completed Performance Evaluation Reviewed by Next Level Supervisor
(Director, Dean or Vice President)

Name _____ Date _____

(After this review, send form to Human Resources, Box 5542 for Personnel file.)

MAKE A COPY FOR YOUR FILE BEFORE SENDING TO HUMAN RESOURCES

