## PERFORMANCE STANDARDS FORM

Employee's Name			Employee ID Number	Evaluation Date					
Class Code Class Title		Position Number	Dept./College/School						
INSTRUCTIONS: Please complete at the beginn with 30 days following the em Attach a copy to Performance in employee's Personnel File		bloyee's evaluation date. 1 - Complete Authority							
Rank In		nd Responsibilities		Performance Standards Measurements (Must be expressed in quality, quantity, cost or time)		Authority Level*			
Priority Order	(Must be taken	from position description)	(Must be expressed in quality,			2	3	4	
	Supervisor's	Signature	Emplo	yee's Signature					
		Date	Date						