

**FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY
UNIVERSITY SUPPORT PERSONNEL SYSTEM**

Performance Evaluation for Non-Supervisory Employees

Please return the original form, fully completed, to the OFFICE OF HUMAN RESOURCES no later than:

1. Employee Name _____ 2. Employee ID Number _____
 3. Evaluation Date _____ 4. Department _____
 5. Class Title _____ 6. Class Code _____ Position No. _____
 7. Type Report _____ 8. Evaluation Period From _____ to _____
 (Probationary) (Annual) (Special)

INSTRUCTIONS

Immediately upon receipt of this Performance Evaluation Form by the department, it should be forwarded to the Immediate Supervisor of the employee concerned for completion. Instructions and procedures for the Immediate Supervisor are listed on the reverse side of this form.

I	1 2 3	4 5 6 7	8 10 12 14	15 16 17	18 19 20
Knowledge of work	Inadequate knowledge of work.	Limited knowledge of work. Needs Improvement	Adequate knowledge of work. Meets minimum requirements of job.	Above average knowledge of work. Well informed on most phases of job.	Extremely knowledgeable on all phases of job.
II	1	2 3	4 5 6 7	8 9	10
Job Skills and Abilities	Does not demonstrate necessary skills and abilities to perform job assignments despite training and/or instructions.	Demonstrates minimal skills and abilities required in performing job assignments.	Demonstrates skills and abilities required to produce satisfactory and acceptable work.	Above average competency in use of required skills and abilities.	Consistently superior in use of skills and abilities.
III	1	2 3	4 5 6 7	8 9	10
Quality of Work	Quality of work almost not worth the time involved.	Work does not meet minimum standards. Makes frequent errors.	Work meets established requirements and is generally acceptable.	Quality of work is consistently high. Makes very few errors.	Work is exceptionally accurate. Makes practically no mistakes.
IV	1	2 3	4 5 6 7	8 9	10
Quantity of Work	Output is very limited. Vast improvement required.	Produces below what is expected. Must improve.	Production meets minimum requirements.	Produces more than fair share.	Good producer. Consistently does far more than fair share.
V	1	2 3	4 5 6 7	8 9	10
Dependability	Unreliable. Requires close supervision.	Conscientious but sometimes needs close supervision.	Usually takes care of necessary tasks and completes with reasonable promptness.	Consistently carries out assignments effectively.	Extremely reliable. Requires minimum supervision.
VI	1	2 3	4 5 6 7	8 9	10
Initiative	Initiative very poor. Does not display interest in assignments.	Frequently appears to be indifferent about job. Performs duties only when instructed.	Shows interest in work. Has some creative imagination. A willing worker.	More than normal interest in work. Actively seeks ways to improve procedures.	Extremely interested in work. Seeks to simplify work. Makes suggestions to improve job and other related jobs.
VII	1	2 3	4 5 6 7	8 9	10
Cooperation	Uncooperative. Does not accept constructive criticism.	Occasionally uncooperative. Hard to supervise.	Cooperates with associates. A good team worker.	Goes out of the way to help others. Works to help achieve organizational goals.	Extremely cooperative. Puts organization goals ahead of personal desires.
VIII	1	2 3	4 5 6 7	8 9	10
Attendance	Often absent or abuses leave.	Lax in attendance or reporting on time.	Attendance and punctuality are satisfactory.	Rarely absent, rarely tardy.	Extremely conscientious. Excellent attendance record.
IX	1	2 3	4 5 6 7	8 9	10
Tact and Courtesy	Inconsiderate of the feelings others. Harsh in responding to others.	Occasionally harsh and inconsiderate.	Generally tactful and courteous.	Kind, tactful, and courteous at all times.	Exceptionally tactful and courteous. Goes out of way to create harmony.

X. Immediate Supervisor's Comments (optional) _____

XI. Next Higher Level Supervisor's Comments (optional) _____

XII. TOTAL SCORE _____ XIII. OVERALL RATING _____

IMMEDIATE SUPERVISOR'S INSTRUCTIONS AND PROCEDURES

- Step 1 - Review the RATING FACTORS and the INTERPRETATION OF LEGEND to become familiar with their meaning. Circle one of the numbers in the block under RATING FACTORS that best describes the performance of the person being
- Step 2 - rated on that particular factor. Each factor must be rated.
- Step 3 - Add the circled numbers and enter total item XII. Refer to LEGEND and enter overall rating in item XIII.
- Step 4 - Enter Comments in item X. (Required for Below Performance Standards rating)
- Step 5 - Sign and date the evaluation form.
- Step 6 - Take the evaluation form to your supervisor for his/her review, optional comments and signature.
- Step 7 - Hold a private conference with the rated employee. Take time to review each rating with the employee, determine and define the work goals and performance standards, and discuss problem areas. Suggest ways by which the employee's performance can be improved.
- Obtain the employee's signature and give the employee a copy of the completed form. If the employee refuses to sign, make a
- Step 8 - notation on the form and show the date of refusal.

This evaluation form should be completed in three (3) copies with distributions as follows, after completion:

1 Personnel (Original)

1 Employee (Copy)

1 Department (Copy)

LEGEND

Score	Overall Rating
10 - 39	Below Performance Standards
40 - 79	Achieves Performance Standards
80 - 90	Exceeds Performance Standards
91 - 100	Greatly Exceeds Performance Standards

INTERPRETATION OF LEGEND

Employee fails to meet minimum performance standards for the position.

Employee fully meets standards of performance for the position.

Employee performs at a level significantly above the performance standards for the position.

Employee consistently performs at a level significantly above the performance standards for the position.

Signature of Evaluator

Title

Date

Signature of Next Higher Level Supervisor

Title

Date

Employee's Signature

Title

Date

(Employee's signature certifies that he/she had the opportunity to review and discuss this evaluation with immediate supervisor, but does not mean the employee necessarily agrees with this evaluation.)

COMPLETE ONLY IF PROBATIONARY EVALUATION

Extension of Probationary Period requested: Yes No

Length of extension (6-month maximum): _____

Probationary Period Extended as requested: _____ Extension expires _____

Auth. University Regulation 10.119., governing evaluations of University Support Personnel System Employees. Employee must be evaluated again within 30 days prior to end of extension.

_____ Date

Signature: _____ Associate VP and Chief Human Resources Officer