



Performance Feedback Assessment for Non-Covered Employees

Name: _____ Hire Date: _____

Job Title: _____ Department: _____

Division: _____ Supervisor: _____

Review Period: From: _____ To: _____

Job Duties: *(briefly describe/summarize duties)* _____

Performance Factors

Quality of Work

Consider accuracy, neatness, timeliness, attention to detail, volume/quantity requirements, and adherence to employee's job duties.

- Exceptional
- Successful
- Unsuccessful

**Additional
Comments:**

Work Habits

Consider attendance, punctuality, organization; also, does the employee stay busy, look for things to do, and follow policies and work procedures?

- Exceptional
- Successful
- Unsuccessful

**Additional
Comments:**

Job Knowledge

For example, has the employee demonstrated the skill and ability to perform the job successfully, shown interest in learning and improving, and become familiar with the University and other applicable rules and policies?

Exceptional
Successful
Unsuccessful

**Additional
Comments:**

Behavior/Relations with Others

For example, does the employee cooperate and contribute to team efforts, respond positively to suggestions and instructions or criticism, keep supervisors informed of important details, and adapt well to changing circumstances?

Exceptional
Successful
Unsuccessful

**Additional
Comments:**

Overall Assessment

(Select one option)

- Employee has exceptionally performed the required job duties and or objectives.
- Employee has successfully performed the required job duties and or objectives.
- Employee has unsuccessfully performed the required job duties and or objectives.

**Final
Comment:**

Supervisor Signature

(Date)

Employee Signature

(Date)