

UNION PUBLIC SCHOOLS
SUPPORT EMPLOYEE PERFORMANCE APPRAISAL

NAME: _____ JOB TITLE _____

TIME PERIOD REVIEWED: FROM _____ TO _____ DEPARTMENT _____

PERFORMANCE RATING INSTRUCTIONS: Read the performance factors for each category and then proceed to the rating section. Use your own independent judgment to determine which ranking best describes the performance of the employee. Use the back of the form to note extraordinary performance, as well as any performance goals/suggested improvements. The employee and supervisor must date and initial any comments on the back of the form.

PERFORMANCE FACTORS		Meets or exceeds district standards	*Progressing towards district standards	*Needs Improvement
1) Quality of Work	a) Ability to carry out assignments thoroughly, neatly and accurately.			
	b) Attentiveness to detail and quality of work.			
	c) Work performed requires little or no re-work.			
	d) Strives for improved methods and performance.			
2) Quantity of Work	a) Accepts and performs required assignments and responsibilities in a timely manner.			
	b) Handles a variety of duties and tasks without negatively impacting the quality of work produced.			
3) Job Knowledge	a) Has a working knowledge of job duties and related equipment, technology, processes and procedures.			
	b) Knows and complies with board policies, procedures and applicable laws and maintains district ethical standards.			
	c) Has a willingness to learn new skills.			
	d) Creates a safe work environment and is safety conscious in performance of job duties.			
4) Dependability	a) Can be depended on for regular attendance and arrives to work on time.			
	b) Gives adequate notice for days missed.			
	c) Can be depended on for completion of tasks on schedule, meets deadlines, and utilizes work time appropriately.			
5) Attitude	a) Cooperative and works professionally with others.			
	b) Respectful of employees, patrons, and students.			
	c) Responsive to direction and follows supervisor's request(s).			
	d) Assists with the creation of a positive work environment.			
	e) Maintains a positive customer service attitude.			

Employee Signature (Signifies appraisal was reviewed and discussed)

Date

Appraising Supervisor's Signature

Print Name and Job Title

Manager / Department Head Signature

Print Name and Job Title

*Note: Any factor rated as "Progressing Towards District Standards" or "Needs Improvement" must include an explanation/comments on the back of this form, and back must also be initialed by employee and supervisor. Supervisor will coordinate with HR to issue a plan of improvement for any area(s) of significant weakness/rated "Needs Improvement" (as per USPA 3.07)

EMPLOYEE NAME: _____

Explanation/Comments:

Employee Initials: _____ Date: _____

Supervisor Initials: _____ Date: _____

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