

**GEORGETOWN UNIVERSITY EMPLOYEE PERFORMANCE EVALUATION
(USE FOR EMPLOYEES REPRESENTED BY SEIU 1199)**

EMPLOYEE NAME: _____ DEPARTMENT NO.: _____

LEVELS OF EVALUATION

<p>Please rate the employee, as follows, in the first six evaluation factors:</p> <p>Outstanding..... O More than Satisfactory..... MS Satisfactory..... S Less than Satisfactory..... LS Unacceptable..... U</p> <p>Please rate the employee, as follows, in the seventh evaluation factor: Met..... M Unmet..... UM</p>	<div style="border: 1px solid black; padding: 10px; background-color: #f0f0f0;"> <p>This form must be completed And returned to University Human Resources no later than</p> <p>Date ____ / ____ / ____</p> </div>
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PERFORMANCE EVALUATION FACTORS

1. APPLICATION OF SKILLS AND KNOWLEDGE **RATING**

The degree to which the employee possesses the necessary or requisite skills and the requisite knowledge to perform all the requirements of the job and the degree to which the employee utilized them with only the normal level of supervision.

Considerations:

- a. Does the employee have the necessary job related skills and knowledge to meet the performance standards? Yes No
- b. Does the employee utilize and adapt the skills and knowledge to meet the performance standards? Yes No
- c. Does the employee have the problem solving skills necessary for this job? Yes No
- d. Is it necessary to remind/demonstrate/reinstruct employee about his/her basic job responsibilities? Yes No

How Frequently? Always Often Seldom Never

2. PRODUCTIVITY

RATING

The degree to which the employee produces the appropriate quantity and quality of work.

Considerations:

a. Quality of Work

The degree to which the employee satisfactorily completes work in a manner consistent with the performance standards, and the degree to which completed assignments are inclusive of necessary detail, thoroughness and accuracy.

1. Does the employee demonstrate an awareness of *criteria* for quality of work (standard)?

Yes No N/A

2. How frequently:

a. are commendations received about the employee's quality of work?

Often Seldom Never

b. are complaints received about the employee's quality of work?

Often Seldom Never

c. must the employee re-do or come back to a specific task because it wasn't done correctly/adequately the first time?

Often Seldom Never

d. is the employee counseled about good quality work?

Often Seldom Never

e. is the employee counseled about poor quality of work?

Often Seldom Never

3. Does the employee demonstrate a pattern of work deficiencies relative to quality (e.g., errors or omissions, errors in judgement, lack of completeness or thoroughness)?

Yes No N/A

4. Does the employee accept responsibility for a task poorly done when appropriate?

Yes No N/A

5. Does the employee submit work in the required form or format?

Yes No N/A

b. Quantity of Work

The measure of the quantity of satisfactory work completed by the employee (or the group that the employee supervises) within a prescribed period of time.

1. Does the employee demonstrate awareness of the criteria by which the quantity of work is judged (standards)?

Yes No N/A

2. If there are documented quantity standards, how frequently does the employee meet them?
 Often exceeds them Often meets them Seldom meets them Never meets them
3. If the employee has "free time" is he/she more likely to:
- Fill the time with no activity/non-productive activity?
 - Leave without authorization or engage in disruptive activity?
 - Assume additional responsibilities on his/her own initiative based on sound knowledge of his/her role and what "needs to be done"?

3. ATTENDANCE

RATING

The regularity with which the employee is punctual and in attendance at work.

Considerations:

- In regard to absenteeism, this employee exceeds meets does not meet stated departmental standards.
- In regard to tardiness, this employee is never seldom usually always tardy.
- Does the employee's attendance demonstrate awareness of departmental needs and priorities?
 Yes No N/A
- Does this employee's unscheduled absences have an adverse affect on his/her job performance or the department's ability to perform its mission?
 Yes No N/A
- Does this employee demonstrate a pattern in the use of unscheduled leave?
 Yes No N/A

4. COOPERATIVENESS

RATING

The degree to which the employee is a team worker and willingly accepts authorized orders and instructions. The degree to which the employee willingly assists co-workers in the interest of meeting departmental objectives.

Considerations:

- a. Does the employee demonstrate an understanding of and commitment to the importance of the job and the department? Yes No N/A

- b. Does the employee demonstrate awareness of the criteria for and the importance of cooperation in the performance of the job? Yes No N/A

- c. In accepting direction and/or assignments, how would you describe the employee?
 - a. Involved, enthusiastic, constructive, objective
 - b. Neutral, little or no reaction, disinterested
 - c. Conflictive, argumentative, sullen

- d. Does the employee demonstrate a willingness to resolve conflict situations? Yes No N/A

- e. Do the employee's actions contribute to the growth/improvement of the department? Yes No N/A

- f. Does the employee promote good human relations on the job toward/ with students, co-workers, patients and visitors. Yes No N/A

5. DEPENDABILITY

RATING

The degree to which the employee is available when needed and the degree to which the employee can be expected to complete assignments on time with normal supervision.

Considerations:

- a. What is the type of supervision required of the position?
 Direct Specific Routine General Broad

- b. What is the type of supervision required by this employee?
 Direct Specific Routine General Broad

- c. Does this employee complete assigned work and meet stated deadlines?
 Always Usually Seldom Never

- d. Does the employee utilize available resources effectively and appropriately?
Yes No N/A

e. Does this employee appropriately represent you and/or your department within the designed scope of responsibility?

Yes No N/A

f. When scheduled for appointments, does the employee always arrive on time?

Always Usually Seldom Never

6. ABILITY TO SUPERVISE

RATING

The degree to which the employee accomplishes the goals of the organizational unit through his/her subordinates. It is recognized that the measure of this factor incorporate considerations that are referenced in other performance factors.

7. AFFIRMATIVE ACTION/EQUAL OPPORTUNITY

RATING

The degree to which an employee supports and contributes to the Affirmative Action/Equal Opportunity program of the University.

Considerations:

1. Does the employee demonstrate awareness for and understanding of the Affirmative Action goals and objectives of the University?

Yes No N/A

2. (*Applicable only to supervisory/administrative employees*). Does the employee identify and utilize the skills, knowledge and abilities of employees and applicants without regard to race, color, religion, sex, national origin, age or handicapped condition as it relates to the following:

a. the hiring process? Yes No N/A

b. the assignment of work? Yes No N/A

c. providing promotional opportunities? Yes No N/A

d. providing training opportunities? Yes No N/A

e. other personnel actions? Yes No N/A

3. (*Applicable only to supervisory/administrative employees*) Are disciplinary decisions made without regard to race, color, religion, sex, national origin, age or handicapped condition?

Yes No N/A

4 Does the employee promote good human relations on the job toward/with students, patients, visitors and co-workers without regard to race, color, religion, sex, national origin, age or handicapped condition.

Yes

No

N/A

ACCOMPLISHMENTS SINCE LAST EVALUATION:

AREA(S) WHICH NEED(S) IMPROVEMENT (INCLUDE SPECIFIC EXAMPLES AND RECOMMEND SUGGESTIONS FOR IMPROVEMENT):

GOALS, OBJECTIVES AND TRAINING RECOMMENDED FOR EMPLOYEES CONTINUING DEVELOPMENT:

DEPARTMENT HEAD COMMENTS:

EMPLOYEE COMMENTS:

I recommend a merit increase of ____% I do not recommend a merit increase
I certify that this evaluation constitutes my best judgement of the performance and conduct of this employee and is based on my personal observation for a period of ____ months.

Supervisor's Signature _____ Date ____ / ____ / ____

I concur with the rater's judgement of this employee.

Department Head's Signature _____ Date ____ / ____ / ____

I certify that I have personally reviewed this evaluation and understand that my signature does not imply agreement or disagreement.

Employee's Signature _____ Date ____ / ____ / ____