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| **PERFORMANCE EVALUATION OF NON-TEACHING STAFF** |
| **Employee’s Name** |  | **Position** |  |
| **Location** |  | **Date** |  |
| **Employment Status** | 🞏 Probationary 🞏 Permanent |

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| ***This report must be completed by the employee’s immediate supervisor according to the procedure set out in the “Performance Evaluation Plan”. The immediate supervisor must comment in each area of evaluation. Please refer to the plan for a full description of criteria and performance level indicators.***  |
| Levels of Performance: Excellent (E) Good (G) Needs Improvement (NI) |
| **CRITERIA** | **LEVEL OF PERFORMANCE** | **COMMENTS** |
| **E** | **G** | **NI** |
| **KNOWLEDGE**∙ Knowledge of specific job requirements.∙ Knowledge of appropriate methods, practices and procedures. | 🞏 | 🞏 | 🞏 |  |
| **ORGANIZATION**∙ Sets priorities, plans and executes duties and responsibilities in a logical and systematic manner.∙ Uses time, resources and energies effectively to achieve goals. | 🞏 | 🞏 | 🞏 |  |
| **COOPERATION**∙ Is willing to work with others toward a common objective.∙ Positive and flexible approach to demands.  | 🞏 | 🞏 | 🞏 |  |
| **COMMUNICATION**∙ Uses language effectively in oral expression and in written work (as required) in the language of the workplace.∙ Communicates in a courteous and professional manner. | 🞏 | 🞏 | 🞏 |  |
| **INTERPERSONAL SKILLS**∙ Deals effectively with others, in a variety of situations, showing sensitivity, tact, diplomacy and respect. | 🞏 | 🞏 | 🞏 |  |
| **INITIATIVE**∙ Takes action and resolves problems within the limits of the job duties and responsibilities.∙ Identifies the needs, develops actions, and responds accordingly. | 🞏 | 🞏 | 🞏 |  |
| **QUALITY OF WORK**∙ Executes duties and responsibilities effectively and with a high degree of accuracy. | 🞏 | 🞏 | 🞏 |  |
| **JUDGEMENT** ∙ Makes consistent, pertinent and logical decisions. | 🞏 | 🞏 | 🞏 |  |

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| **ADDITIONAL COMMENTS** |
| **EMPLOYEE COMMENTS** |
| **SIGNATURES** | I acknowledge that I have read and discussed this evaluation with my immediate supervisor. |
| **Employee** | **Date** |
| **Immediate Supervisor** | **Date** |
| **FOR USE OF HUMAN RESOURCES DEPARTMENT ONLY** |
| Review Date Entered: | Entered by: |
| ORIGINAL: Human Resources COPY 1: Employee COPY 2: Immediate Supervisor |

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| **PERFORMANCE EVALUATION OF NON-TEACHING STAFF** |
| **SUMMARY OF OBJECTIVES FOR THE EVALUATION PERIOD****(To be jointly set by the employees and immediate supervisor)** |
| **OBJECTIVES** |
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| **SIGNATURES** |
| **Employee** | **Date** |
| **Immediate Supervisor** | **Date** |
| ORIGINAL: Human Resources COPY 1: Employee COPY 2: Immediate Supervisor |

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| **PERFORMANCE EVALUATION OF NON-TEACHING STAFF** |
| **PLAN FOR IMPROVEMENT** |
| **OBJECTIVES** | **TRAINING REQUIRMENTS** | **TIME FRAME** |
|  |  |  |
|  |  |  |
|  |  |  |
| **SIGNATURES** |
| **Employee** | **Date** |
| **Immediate Supervisor** | **Date** |
| ORIGINAL: Human Resources COPY 1: Employee COPY 2: Immediate Supervisor |