

**ANNUAL PERFORMANCE APPRAISAL FORM**

**UNIVERSITY SHRA PERFORMANCE MANAGEMENT PROGRAM**

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| **ANNUAL PERFORMANCE APPRAISAL CYCLE** *(Dates From/To)***:** | | | **04/01/** | | **to** | **03/31/** | |
| **Dept. Name:** |  | **Employee Name:** |  | | | | |
| **Dept. #:** |  | **Employee ID:** |  | **Position #:** | | |  |
| **Supervisor Name:** |  | **Employee Classification:** |  | | | | |
| **Supervisor Title:** |  | **Competency Level:** |  | | | | |

**INSTRUCTIONS FOR COMPLETING THE ANNUAL APPRAISAL FORM**

**ANNUAL PERFORMANCE APPRAISAL.** Annual performance appraisals must be issued annually between April 1 and April 30. Use the three-point rating scale (Not Meeting, Meeting, or Exceeding Expectations) for each goal and for the final overall rating. Individual goals equal 50% of final rating and institutional goals equal 50% of final rating. Add up the scores for each rating (Rating x Weight = Score) to determine the overall score.

* **Final Overall Rating Scale**
* 1.00 to 1.69 = Not Meeting Expectations
* 1.70 to 2.69 = Meeting Expectations
* 2.70 to 3.00 = Exceeding Expectations

**SUPERVISOR COMMENTS.** Any comments related to the individual and institutional goals as well as any overall comments. Comments should serve to justify ratings above and below the meeting expectations level.

**SIGNATURES FOR PERFORMANCE APPRAISAL.** The second-level supervisor is expected to provide quality control to ensure that ratings are being assigned accurately and consistently across work units and across supervisors within the same organization before the document is issued to the employee. Once reviewed and signed by the manager/supervisor and next-level manager/ supervisor, the employee shall review, sign, and date the annual performance appraisal document. The employee’s signature confirms only that the employee has received the document.

\**Reminder:*

* *Employees employed with the State for at least six (6) months must receive an “Annual Appraisal”.*
* *Employees employed with the State for less than six (6) months must receive a Probationary Review using the “SHRA Off-Cycle and Probationary Reviews” form.*

**EMPLOYEE COMPETENCY ASSESSMENT.** For guidance, or assistance, completing the Employee Competency Assessment (ECA), please contact your Classification and Compensation Consultant. The phone number for the Office of Human Resources is 919-843-2300.

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| **ANNUAL PERFORMANCE APPRAISAL (see instructions on page 2)** | | | | | | | | | | | | | | | | | |
| * Rate each **Individual** and **Institutional** **Goal**. * 1 = Not Meeting Expectations * 2 = Meeting Expectations * 3 = Exceeding Expectations * Multiply the **Weight** by the **Rating** to get the **Score** for each goal. Use two decimal places. **(Example: 10% x 2 = 0.20)** | | | | * Add all of the **Scores** together to assign a **Final Overall Rating**. * 1.00 to 1.69 = Not Meeting Expectations * 1.70 to 2.69 = Meeting Expectations * 2.70 to 3.00 = Exceeding Expectations * Provide **comments** and **signatures** on the next page. | | | | | | | | | | | | | |
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| **#** | **INSTITUTIONAL GOALS (see descriptions in performance plan)** | | | | | **Weight** | | | **x** | **Rating** | | **=** | | **Score** | | | |
| **1** | **Expertise** | | | | |  | | | **x** |  | | **=** | |  | | | |
| **2** | **Accountability** | | | | |  | | | **x** |  | | **=** | |  | | | |
| **3** | **Customer-Oriented** | | | | |  | | | **x** |  | | **=** | |  | | | |
| **4** | **Team-Oriented** | | | | |  | | | **x** |  | | **=** | |  | | | |
| **5** | **Compliance & Integrity** | | | | |  | | | **x** |  | | **=** | |  | | | |
| **6** | **Supervision** *(if applicable)* | | | | |  | | | **x** |  | | **=** | |  | | | |
|  | | | | | | | | | | | | | | | |
| **#** | **INDIVIDUAL GOALS (title only from performance plan)** | | | | | **Weight** | | | **x** | **Rating** | | **=** | | **Score** | | | |
| **1** |  | | | | |  | | | **x** |  | | **=** | |  | | | |
| **2** |  | | | | |  | | | **x** |  | | **=** | |  | | | |
| **3** |  | | | | |  | | | **x** |  | | **=** | |  | | | |
| **4** |  | | | | |  | | | **x** |  | | **=** | |  | | | |
| **5** |  | | | | |  | | | **x** |  | | **=** | |  | | | |
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| **FINAL OVERALL RATING (mark the appropriate rating based on total score)** | | | | | | **TOTAL SCORE** | | | | | **=** | |  | | | | |
| **Has the employee received a disciplinary action during this performance cycle and/or received any rating of 1 (Not Meeting Expectations) on this appraisal?** If **YES**, then the final overall rating **cannot** equal Exceeding Expectations, regardless of the total score. | | | | | | | | | | | **YES** | |  | | | | |
| **NO** | |  | | | | |
| **NOT MEETING  EXPECTATIONS** | |  | **MEETING  EXPECTATIONS** | |  | | **EXCEEDING  EXPECTATIONS** | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | |
| **OR: Employee was not evaluated due to …** | | | | **Insufficient Time** | | |  | **On Extended Leave** | | | | | | |  | |

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| **SUPERVISOR COMMENTS ON EMPLOYEE’S PERFORMANCE (see instructions on page 2)** | | | | | |
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| **SIGNATURES FOR ANNUAL PERFORMANCE APPRAISAL (see instructions on page 2)** | | | | | |
| **2nd – Level Supervisor:** |  | **Date:** | |  | |
| **Supervisor:** |  | **Date:** | |  | |
| **Date of Annual Performance Appraisal Review Session with Employee:** | |  | | | |
| **Employee Acknowledgement:** I understand my signature below indicates: that I have received this annual performance appraisal, that my signature does not necessarily imply my agreement with the ratings given or the comments included, and that if I choose, I may write a response to include with this appraisal document. | | | **(Check here if  you are attaching comments.)** | |  |
| **Employee:** |  | **Date:** |  | | |
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| **APPEAL RIGHTS** | | | | | |
| **For information on applicable appeal rights, please refer to the University System SHRA Employee Grievance Policy.** | | | | | |

**University SHRA Employee Competency Assessment**

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| **Dept. Name:** | | |  | **Employee Name:** |  | | | | | |
| **Dept. #:** | | |  | **Employee PID:** |  | | | **Position #:** | |  |
| **Supervisor Name:** | | |  | **Classification:** |  | | | | | |
| **Supervisor Title:** | | |  | **Pos. Comp. Level:** | **Contributing  Journey  Advanced** | | | | | |
| **Review Type:** | | | **90-day  Annual  Other** | **Date of Assessment with Employee:** | | | | |  | |
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| **#** | **LIST OF POSITION COMPETENCIES**  (For detailed descriptions of the competency standards,  please see the Office of Human Resources website.) | | | **EMPLOYEE COMPETENCY ASSESSMENT** | | | | | | |
| **Developing** | | **Applied** | | | **Broadly Demonstrated** | |
| **1.** |  | | |  | |  | | |  | |
| **2.** |  | | |  | |  | | |  | |
| **3.** |  | | |  | |  | | |  | |
| **4.** |  | | |  | |  | | |  | |
| **5.** |  | | |  | |  | | |  | |
| **6.** |  | | |  | |  | | |  | |
| **7.** |  | | |  | |  | | |  | |
| **8.** |  | | |  | |  | | |  | |
| **OVERALL COMPETENCY RATING:** | | | |  | |  | | |  | |
|  | | | | **No changes since last assessment** | | | | | | |
| **OVERALL COMMENTS** | | | | | | | | | | |
| **Supervisors must address the specific competencies and ratings that have changed since the last assessment. A development plan must be included for all ratings of Developing.** | | | | | | | | | | |
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| **SIGNATURES** | | | | | | | | | | |
| **2nd – Level Supervisor:** | |  | | | | | **Date:** | |  | |
| **Supervisor:** | |  | | | | | **Date:** | |  | |
| I acknowledge that I have received this competency assessment. I understand that my signature below does not necessarily imply agreement with the ratings given or the comments included, and that if I choose, I may write a response to include with this assessment document. | | | | | | | | | | |
| **Employee:** | |  | | | | | **Date:** | |  | |