

**EMPLOYEE INFORMATION**

Employee Name:		Supervisor Name:	
Date:		Review Period:	<b>to</b>
Employee ID:		Department:	

**EVALUATION**

	(5) = Exceptional	(4) = Exceeds Requirements	(3) = Meets Requirements	(2) = Marginal	(1) = Unsatisfactory
<b>Demonstrates Required Job Knowledge – understanding of job duties</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

<b>Demonstrates required Technical Knowledge – proficiency in application of methods, techniques, tasks, machines, equipment, materials, etc. that are necessary to accomplish work.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

<b>Quality of Work – accuracy, neatness, thoroughness, dependability, and usefulness of results. Also consider how frequently results need to be repeated.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

<b>Quantity of Work – the amount of acceptable work that is produced in relation to reasonable expectations, availability of resources, etc.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

<b>Meets Attendance and Punctuality Requirements</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

<b>Use of time and other resources – organization of time in meeting schedules, projects, deadlines, priorities, appointments, etc. Also consider to what extent employee strives to eliminate non-essential work.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

	(5) = Exceptional	(4) = Exceeds Requirements	(3) = Meets Requirements	(2) = Marginal	(1) = Unsatisfactory
<b>Interpersonal Relations – with students, faculty, staff, visitors, patrons, and the public. Does employee maintain college goodwill?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
<b>Oral and Written Communication – clarity, appropriateness, etc.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
<b>Critical Thinking and Decision Making – prior thought and analysis of facts and situations are done before initiating action and problem solving.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
<b>Attitude and Cooperation – enthusiasm, courtesy, adaptability, flexibility, general disposition and spirit of cooperation in the work environment.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
<b>Dependability – can be counted on to successfully carry out instructions and fulfill responsibilities, promises, assignments, appointments, deadlines, etc.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
<b>Initiative and Resourcefulness – self-starter and can handle unforeseen difficulties successfully. Ability to develop new ideas and handle usual work situations. Does not require close supervision</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

*Jones County Junior College offers equal educational and employment opportunities to all persons without discrimination and without regard to sex, race, color, religion, or national origin. These provisions all apply to qualified handicapped persons.*

**ADDITIONAL COMMENTS**

List any additional observations not included in the Performance Review Form, especially noting outstanding contributions to the department or college.

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**PERFORMANCE OBJECTIVES AND DEVELOPMENT PLAN**

This section includes summary comments arrived at jointly by the employee and supervisor covering:

1. Employee's areas of strength: \_\_\_\_\_

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2. Outline a plan for development covering specific on-the-job training needs, training and development courses, self-development, and other approaches, which will help the employee in accomplishing his/her responsibilities. Also include specific timetables for development actions:

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## PERFORMANCE SUMMARY

Evaluate employee on the described job responsibilities based on above comments and ratings covering both strengths and limitations and in terms of impact employee is making in meeting all **overall** responsibilities.

(5) EXCEPTIONAL	(4) EXCEEDS REQUIREMENTS	(3) MEETS REQUIREMENTS	(2) MARGINAL	(1) UNSATISFACTORY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## EMPLOYEE COMMENTS

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I acknowledge that this performance evaluation was conducted to evaluate my performance in the specified period and to discuss future performance and development plans. Also, a current copy of my job description was reviewed with me by my supervisor. I further understand that my signature does not necessarily indicate my concurrence with the evaluation results and that I am entitled to receive a copy of my performance evaluation bearing all the required signatures. It is my understanding that a permanent record of these results will be maintained in the Human Resources Office.

## SIGNATURES

_____ Employee	_____ Title	_____ Date
_____ Evaluating Supervisor	_____ Title	_____ Date
_____ Next level administrator	_____ Title	_____ Date