**Eastern Oregon University**

**Performance Review Form (***to be completed for all Administrative Professional staff and forwarded to Human Resources Dept.)*

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **EOU ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Review Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Review Period: from to**

**Is PD up to date? Yes No** If not up to date, last approved date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Key Elements (Competencies):** (Note: Supervisor comments supporting rating required in every section.)

1. **Accomplishments** - the extent to which the employee meets expectations in performing the job functions of his/her position as defined in documentation such as the current PD, annual work plan, etc.
   1. Consistently Exceeds Expectations

4 Fully Achieves and Occasionally Exceeds Expectations

3 Fully Achieves Expectations

2 Sometimes Achieves Expectations

1 Unsatisfactory/Rarely Achieves Expectations Supervisor comments about rating:

1. **Service and Relationships** - the extent to which the employee's behaviors are directed toward fostering positive working relationships in a diverse workplace, respect for one's fellow workers, and cooperation with students, customers, and visitors. List of committee appointments, if any:
   1. Consistently Exceeds Expectations

4 Fully Achieves and Occasionally Exceeds Expectations

3 Fully Achieves Expectations

2 Sometimes Achieves Expectations

1 Unsatisfactory/Rarely Achieves Expectations Supervisor comments about rating:

1. **Accountability and Dependability** - the extent to which the employee contributes to the effectiveness of the department and the overall mission of the University. (NOTE: Time off approved under FMLA may not be considered.)
   1. Consistently Exceeds Expectations

4 Fully Achieves and Occasionally Exceeds Expectations

3 Fully Achieves Expectations

2 Sometimes Achieves Expectations

1 Unsatisfactory/Rarely Achieves Expectations Supervisor comments about rating:

1. **Adaptability and Flexibility** - the extent to which the employee exhibits openness to new ideas, programs, systems, and/or structures.
   1. Consistently Exceeds Expectations

4 Fully Achieves and Occasionally Exceeds Expectations

3 Fully Achieves Expectations

2 Sometimes Achieves Expectations

1 Unsatisfactory/Rarely Achieves Expectations Supervisor comments about rating:

1. **Decision Making and Problem Solving** - the extent to which the employee makes sound and logical job-related decisions that are in the best interest of the University. (As applicable, this element includes developing and managing human and fiscal resources within the framework of University policy.)
   1. Consistently Exceeds Expectations

4 Fully Achieves and Occasionally Exceeds Expectations

3 Fully Achieves Expectations

2 Sometimes Achieves Expectations

1 Unsatisfactory/Rarely Achieves Expectations Supervisor comments about rating:

# TOTAL POINTS: \_\_\_\_\_\_\_\_

**TOTAL RATING Check Correct Box TOTAL POINTS**

|  |  |  |
| --- | --- | --- |
| **Consistently Exceeds Expectations** |  | **23 - 25** |
| **Fully Achieves and Occasionally Exceeds Expectations** |  | **19 - 22** |
| **Fully Achieves Expectations** |  | **15 - 18** |
| **Sometimes Achieves Expectations** |  | **10 - 14** |
| **Unsatisfactory/Rarely Achieves Expectations** |  | **9 or less** |

1. **Goals and Objectives have been developed and discussed with employee? Yes No**
2. **Job Duties and Performance Expectations have been discussed with employee? Yes No**
3. **Improvement actions for each “1” rating has been discussed with employee? Yes No NA**

**Supervisor's Comments: (Summary of employees overall performance.)**

**Employee's Comments: (Employees are encouraged to provide comments/documentation to be retained with this performance review in the personnel file.)**

**By signing below, I acknowledge that I have participated in the review process and have received a copy of the review.**

**(1)**   **(2)**

**Employee's *Signature* Date Supervisor’s *Signature* Date**

**(3) (4)**

**Vice President’s *Signature* Date HR Dept. *Signature* Date**

**Eastern Oregon University**

**Goals and Objectives Form**

|  |  |  |
| --- | --- | --- |
| **Employee Name:** | **EOU ID Number:** |  |
| **Department:** | **Position Title:** |  |
| **Review Completed By:** | **Review Period:** | **to** |

* Goals and Objectives should reflect both position responsibilities and personal/professional development goals.
* The Time Frame indicates when the goal should be accomplished.
* Measures of Evaluation indicates the unit(s) how goal accomplishment is measured.Goal measures are be realistic.
* Outcome indicates how well the goal was achieved by the end of review period; use the same rating scale as on page 1. Outcome ratings are to be used in support of rating Key Elements (Competencies).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Goals and Objectives** (Clear and Specific) | **Time Frame** | **Measures of Evaluation** | **Outcome**  (at end of review period) |
| **1** |  |  |  | 5  4  3  2  1 |
| **2** |  |  |  | 5  4  3  2  1 |
| **3** |  |  |  | 5  4  3  2  1 |
| **4** |  |  |  | 5  4  3  2  1 |
| **5** |  |  |  | 5  4  3  2  1 |