



Local 153 PERFORMANCE APPRAISAL by Supervisor

2018- 2019

Employee: _____

Department: _____ Campus: _____

Job Title: _____

Supervisor: _____

For each factor being rated, place a check mark at any point on the line which best describes performance.

Quality of Work:

Rarely makes mistakes Few errors, neat work Frequently careless, sloppy work

Comments:

Quantity of Work:

Exceptionally fast & productive Satisfactory Exceptionally slow

Comments:

Willingness to Improve:

Takes initiative in seeking ways to improve

Takes steps to improve when opportunities are clearly evident

Never seeks ways to improve. Rejects suggestions for improvement

Comments:

Dependability:

Exceptionally good meeting deadlines

Usually meets deadlines

Frequently meets deadlines

Comments:

Cooperation with Procedures and Supervisors:

Thoroughly understands procedures, makes exceptional efforts to achieve best results

Understands procedures, devotes effort to follow through

Frequently fails to follow through

Comments:

Willingness to Work with Others:

Almost always cooperative

Usually cooperative

Frequently abrasive

Comments:

Self-Sufficient:

Has mastered all phases
of work

Works independently most of
the time

Frequently needs instructions
and checking

Comments:

Work Organization:

Work is exceptionally
well-organized

Reasonably well-organized

Frequently needs help

Comments:

Overall Performance:

Performance consistently beyond requirements	Performance beyond requirements	Competent Performance	Performance below requirements	Performance greatly limited
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Comments:

Indicate any major performance achieved during this review period:

Comment on performance areas in which improvement or development is indicated:

Supervisor's Comments: Record any further comments regarding the performance of the employee.

Signature of Direct Supervisor

Date

Signature of Reviewer

Date

The employee is invited to make comments below or on additional sheets, if required. Employee is requested to sign this form acknowledging that the contents have been discussed. Signing this form does not necessarily indicate agreement with the review.

Signature of Employee _____ Date _____

Supervisor:

- Please provide one copy to the employee
- Keep one copy for your file
- Send original to Barbara Leonageo, Human Resources – M-CB1-04