

ESSEX COUNTY COLLEGE PERFORMANCE EVALUATION NON-INSTRUCTIONAL PERSONNEL

EVALUATION PERIOD: From _____ to _____

Part I

Name of Employee:

Department:

Date of Employment :

Time in Position:

/
years months

Functional Title/Position:

Date of Last Performance Evaluation:

Date of This Evaluation:

General Statement of Duties:

Have the duties of this position changed considerably since the last review date? Yes No

If "yes", please specify:

Do you anticipate such a change? Yes No If "yes" please specify:

Part II

Instructions: Please place a check below each category which, in your opinion, best describes this employee.
Include a narrative statement about any performance found to be outstanding or inadequate.

	Outstanding	Exceeds Requirements	Meets Requirements	Needs Improvement	Inadequate
1. Quality and Quantity of Work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Outstanding	Exceeds Requirements	Meets Requirements	Needs Improvement	Inadequate
2. Initiative Displayed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Meeting Expectations – Work Schedules, Objectives, Deadlines ... :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Interpersonal Relationships Affecting the Job:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Judgment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Job Knowledge:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Attendance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III

8. Describe staff member's outstanding accomplishment(s) since last review:

9. Indicate how staff member's work needs improvement:

10. Recommendations for continuing development:

11. Recommendation for Retention Yes No

Evaluator's Signature / Title

Date

Part IV *Staff member's comments

This space is for the evaluatee's comments. If the employee chooses not to add comments, his/her signature will indicate that he/she has seen and has had an opportunity to review it.

Employee's Signature

Date

Signature

*Acceptance of Recommendation

Director

Date

Yes

No

Area Head

Date

Yes

No

*Attach comments, as appropriate.

(Rev. 1990)