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.

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<tr>
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<th>Outstanding</th>
<th>Exceeds Requirements</th>
<th>Meets Requirements</th>
<th>Needs Improvement</th>
<th>Inadequate</th>
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1. Quality and Quantity of Work: □ □ □ □ □ □
### Part II

2. Initiative Displayed:

3. Meeting Expectations – Work Schedules, Objectives, Deadlines … :

4. Interpersonal Relationships Affecting the Job:

5. Judgment:

6. Job Knowledge:

7. Attendance:

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### 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

   __________________________________________________________
   __________________________________________________________
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

☐ Yes ☐ No

Area Head ____________________________________________ Date

*Attach comments, as appropriate.

(Rev. 1990)