Purpose
This form is used to assess the performance of this employee and to assist in his or her professional growth and development. A letter format may be used instead of this form if all areas are addressed, but the letter must be attached to this form and the performance assessment (overall rating) must be completed as well as employee and supervisor signatures on page 4 of the evaluation form.

Mission
Utica College educates students for rewarding careers, responsible citizenship, and fulfilling lives by integrating liberal and professional study, by creating a community of learners with diverse experiences and perspectives, by balancing its local heritage with a global perspective, by encouraging lifelong learning, and by promoting scholarship in the belief that the discovery and application of knowledge enrich teaching and learning.

Timing
- 3-month Introductory Evaluation must be completed just prior to the completion of the employee’s 3-month orientation period.
- Annual Performance Evaluation must be completed between January and March each year.
- Special Performance Evaluation may be done at supervisor’s discretion.

Procedures
A) The supervisor initiates the communication process by providing the Self-evaluation Form to the employee, along with the most current job description. Discussion on said items will be initiated at performance review meeting.

B) The supervisor and the employee meet to discuss performance and to set mutually agreed upon goals for the next year.

C) The employee and supervisor sign the Performance Evaluation Form and any addendums.

D) A copy of the Performance Evaluation Form is given to the employee and the original is forwarded to the appropriate vice president/dean for review, approval and signature. The Original Performance Evaluation Form is then forwarded to the Office of Human Resources and is placed in the employee’s official personnel file.

Definitions of Performance Ratings
The examples provided are not exhaustive nor must all of those listed be met. They are provided to increase the objectivity of the evaluation and decrease variances by different evaluators.

4 Exceeds high performance expectations. The employee consistently produces excellent results, assumes responsibilities beyond those normally assigned, and demonstrates exceptional ability when faced with demanding responsibilities.

3 Meets Utica College’s standard high performance expectations. The employee produces expected results, assumes all regularly assigned responsibilities, seeks new challenges, solves problems independently, meets deadlines, follows policy and procedures, and prioritizes work effectively.

2 Needs improvements to meet performance expectations. The employee usually performs at or close to job requirements. The employee may require extra assistance in setting and maintaining focus on priorities, following instructions, understanding policies and procedures, meeting deadlines, producing accurate work, and/or maintaining productive work relationships.

1 Does not meet performance expectations. Not performing to the requirements of the job. Needs a high degree of supervision and direction. Needs to work immediately to correct performance deficiencies.
1. **TIME MANAGEMENT AND ORGANIZATION SKILLS**  
Rating (1-4): ____________
Uses available time effectively to accomplish multiple assigned tasks. Assesses entire workload and is able to prioritize specific projects according to their importance. Understands the relevance of deadlines and consistently meets them. Maintains a well-organized work area. Displays promptness during work hours.

Comments and examples:

<table>
<thead>
<tr>
<th>Performance in this category since last year’s evaluation</th>
<th>Improved</th>
<th>Maintained</th>
<th>Declined</th>
</tr>
</thead>
</table>

2. **PRODUCTIVITY**  
Rating (1-4): ____________
Effectively and consistently keeps pace with work assignments. Maintains appropriate balance between work quality and quantity. Demonstrates ability to maintain accuracy and thoroughness and to adapt to changing conditions. Shows initiative by contributing to departmental goals and developing and/or carrying out new ideas or methods.

Comments and examples:

<table>
<thead>
<tr>
<th>Performance in this category since last year’s evaluation</th>
<th>Improved</th>
<th>Maintained</th>
<th>Declined</th>
</tr>
</thead>
</table>

3. **JOB KNOWLEDGE**  
Rating (1-4): ____________
Demonstrates knowledge of the technical aspects of the job. Participates in training programs (volunteer or mandatory) and/or takes advantage of other continuing education programs to keep current on techniques appropriate to the job.

Comments and examples:

<table>
<thead>
<tr>
<th>Performance in this category since last year’s evaluation</th>
<th>Improved</th>
<th>Maintained</th>
<th>Declined</th>
</tr>
</thead>
</table>

4. **SERVICE ORIENTATION**  
Rating (1-4): ____________
Demonstrates a commitment to provide quality customer service. Knows the value of good service and positive interaction. Responsive to requests and needs of others (students, faculty, staff, departments and visitors). Service may include in-person and/or telephone presentation, courtesy, attitude, flexibility, professionalism, communication skills, ability to give correct information, etc.

Comments and examples:

<table>
<thead>
<tr>
<th>Performance in this category since last year’s evaluation</th>
<th>Improved</th>
<th>Maintained</th>
<th>Declined</th>
</tr>
</thead>
</table>
5. INTERPERSONAL SKILLS
Rating (1-4): ____________
Demonstrates the ability to work as a team member; maintains courtesy, respect and consideration of others in all circumstances; promotes and encourages positive communication among workers.
Comments and examples:

Performance in this category since last year’s evaluation
☐ Improved  ☐ Maintained  ☐ Declined

6. SUPERVISION OF EMPLOYEES/STUDENT EMPLOYEES
Rating (1-4): ____________
Demonstrates the ability to communicate directions and oversee an employee or work-study student toward successful completion of a project. Communicates clearly what is expected and how work will impact the department; provides appropriate training. Effectively delegates responsibility. Provides regular feedback. Gives recognition for positive results. Provides suggestions to encourage improvement and recommends corrective action when needed.
Comments and examples:

Performance in this category since last year’s evaluation
☐ Improved  ☐ Maintained  ☐ Declined

OVERALL PERFORMANCE RATING
Check the rating, which best summarizes the employee’s overall performance. The specific explanation and justification must support a rating of “Does not meet performance expectations”.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>EXCEEDS HIGH PERFORMANCE</td>
</tr>
<tr>
<td>18 - 23</td>
<td>MEETS UTICA COLLEGE’S STANDARD HIGH PERFORMANCE EXPECTATIONS</td>
</tr>
<tr>
<td>12 - 17</td>
<td>NEEDS IMPROVEMENT TO MEET PERFORMANCE EXPECTATIONS</td>
</tr>
<tr>
<td>6 - 11</td>
<td>DOES NOT MEET PERFORMANCE EXPECTATIONS</td>
</tr>
</tbody>
</table>

DEVELOPMENT PLAN
List mutually agreed upon specific areas representing opportunities for improvement or growth in performance. Attach additional pages, if necessary.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>RESPONSIBILITY OF</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

□
EMPLOYEE COMMENTS
Please provide any additional comments you feel should be included in this evaluation. Attach additional pages, if necessary.

SIGNATURES
I understand that my signature does not necessarily indicate agreement but merely certifies that this document has been discussed with me. I understand that I may attach an addendum.

Employee:

(PRESS OR TYPE NAME) (SIGNATURE) (DATE)

Supervisor:

(PRESS OR TYPE NAME) (SIGNATURE) (DATE)

REVIEW AND APPROVAL
The employee's rating is not final until it is reviewed and approved by the divisional vice president/dean.

Approved by:

(PRESS OR TYPE NAME) (SIGNATURE) (DATE)

Initials:
HR Director _____

(Return Original Signed Document To The Office Of Human Resources)

HR 1/06