**Mid-Year Performance Review**

**Employee Name:**  **PeopleSoft ID:**

**Department/Division/Office:**

**Supervisor:** **Date of Conference:**

**Instructions**

This mid-year performance review is designed for supervisors to provide an assessment to their employees regarding progress on performance, goals, training and development and job responsibilities. **PLEASE NOTE:** This mid-year performance review form is to be used for all job groups (regular non-exempt and exempt, full-time and part-time employees). Temporary employees do not require a performance appraisal. **This mid-year performance review should not be used for Augusta University employees whose services are leased to the Medical Center. Leased employees should be evaluated using the current Medical Center employee performance appraisal form.**

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| **Core Standards of Excellence** | | **EE**  **ME**  **IM**  **NII** | | **Comments** | |
| **COLLEGIALITY** – reflected in collaboration, partnership, sense of community, and teamwork | |  | |  | |
| **COMPASSION** – reflected in caring, empathy, and social responsibility | |  | |  | |
| **EXCELLENCE** – reflected in distinction, effectiveness, efficiency, enthusiasm, passion and quality | |  | |  | |
| **INCLUSIVITY** – reflected in diversity, equality, fairness, impartiality, and respect | |  | |  | |
| **INTEGRITY –** reflected in accountability, ethical behavior, honesty, and reliability | |  | |  | |
| **LEADERSHIP –** reflected in courage, honor, professionalism, transparency, and vision | |  | |  | |
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| **Performance Factors** | | **EE**  **ME**  **IM**  **NII** | | **Comments** | | |
| **Customer Service** | |  | |  | | |
| **Job Knowledge** | |  | |  | | |
| **Quality of Work** | |  | |  | | |
| **Productivity** | |  | |  | | |
| **Record Keeping and/or Documentation** | |  | |  | | |
| **Adaptability** | |  | |  | | |
| **Initiative** | |  | |  | | |
| **Attendance** | |  | |  | | |
| **Relationships with Others** | |  | |  | | |
| **Adhere to Policies** | |  | |  | | |
| **Managerial/Professional Staff** | | **EE**  **ME**  **IM**  **NII** | | **Comments** | | |
| **Planning and Analytical Ability** | |  | |  | | |
| **Managerial Skills** | |  | |  | | |
| **Mentoring of Others** | |  | |  | | |
| **Communication Skills** | |  | |  | | |
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| **Employee Action Plan:** Action plans must include expected performance that is clearly outlined and measurable. The indicated time line for improvement must be followed-up in writing to document the outcome of the action plan and submitted to Human Resources. | | | | | | |
| **Area of Performance or Conduct Requiring Improvement** | **Why Improvement Is Needed** | | **Expected Performance** | | **Time Line** | |
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| **Overall Mid-Year Performance Rating:**    \*Employee Action Plan required |

**Evaluated by: Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Immediate Supervisor)**

**Reviewed by: Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee’s Signature**: **Date**: