**PERFORMANCE EVALUATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee Name:** | |  | | | | | **OneUSG ID:** | |  | | | |
|  | |  | | | | |  | |  | | | |
| **Employment Date**: | | |  | **Position #:** | |  | **Position Title:** | |  | | | |
|  | | |  |  | |  |  | |  | | | |
| **Department Name:** | | |  | | | | | **Department #:** | |  | | |
|  | | |  | | | | |  | |  | | |
| **Supervisor:** |  | | | | **Evaluation Period:** | |  | | | | **Date of Conference:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Evaluation:** |  |  |  |

**General Instructions**

This performance evaluation is designed for supervisors to assess the performance of their employees. Section I covers critical performance factors and customer service. Section II allows for the identification of goals, objectives, projects, major job duties or special assignments. Section III confirms required annual training was completed and identifies training received during the evaluation cycle. Section IV identifies major performance factors for classified and managerial/professional staff. Section V allows for supervisor comments and identifies future training, goals and objectives. Section VI identifies overall rating and supervisor/reviewer/employee signatures. Upon completion of the evaluation, the supervisor should sign the document and obtain the necessary signature of the reviewer. The employee’s signature should be obtained after the supervisor has met one-on-one with the employee to review the evaluation. Please include employee comments with this form before submitting to Human Resources.

**PLEASE NOTE:** This performance evaluation form is to be used for all non-faculty job groups (non-exempt and exempt, full-time and part-time employees, temporary employees do not require a performance evaluation). **This performance evaluation should not be used for leased employees. Leased employees should be evaluated using the current Health System employee performance evaluation form.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Explanation of Rating Levels** | | | |
| **Exceeds Expectations**  **(EE)** | **Meets Expectations**  **(ME)** | **Inconsistently Meets Expectations (IME)** | **Needs Immediate Improvement (NII)\*** |
| * Performance is clearly outstanding * Individual who significantly and consistently exceeds expectations and role requirements * Exceeds goals and objectives set for the year * Demonstrates exceptional depth and breadth of role knowledge, highly recognized by others within the community * Demonstrates role model behavior consistent with Augusta University values for other leaders and staff members | * Performance is excellent * Individual who regularly meets and sometimes exceeds expectations and role requirements * Meets goals and objectives set for the year * Possesses full depth and breadth of role knowledge * Perceived by peers, managers, students, and other customers as collaborative, skilled, and reliable * Behaviors are consistent with Augusta University values | * Performance has some inconsistencies, needs improvement in some or all areas but is generally on track to meet expectations. May be new to the role. * Individuals who have not yet mastered all key job responsibilities * Inconsistently demonstrates role knowledge and does not yet fully perform all requirements and duties * Completed some but not all important objectives * Occasionally, behaviors are inconsistent with Augusta University values and professional expectations | * Performance is not excellent * Individuals who have not mastered key job responsibilities * Inconsistently demonstrates role knowledge and does not yet fully perform all requirements and duties * Did not complete important objectives * Did not achieve important goals * Behaviors are inconsistent with Augusta University values   **\*Employee Action Plan (Section V, A.3) is required** |

|  |
| --- |
| **Section I-A: Customer Service** |

**Customer Service**: A critical component to Augusta University’s success is customer service. Because of AU’s strong commitment to customer service, it is automatically considered a goal and job responsibility for all. It is the responsibility of every employee to provide a customer friendly environment and superior service to our patients, students, staff, and faculty.  Augusta is a patient-and-family-centered care institution, where employees partner everyday with patients and families for success.

|  |  |
| --- | --- |
| **CUSTOMER SERVICE** | To what extent does the employee demonstrate excellence in customer service when interacting with students, faculty, staff, and patients? |
|  | **Comments:** |

|  |
| --- |
| **Section I-B: Core Standards of Excellence** |

**Core Standards of Excellence**: All employees are responsible for demonstrating the Enterprise's core values. Below are listed six categories of performance that are key to providing quality service to students, patients and customers in a manner that reflects these values. At the start of the review cycle, review the expected performance with the employee in each of these categories.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Core Standards of Excellence** | **Exceeds Expectations** | **Meets Expectations** | **Inconsistently Meets Expectations** | **Needs Immediate Improvement** |
| **COLLEGIALITY** - Reflected in Collaboration, Partnership, Sense of Community, and Teamwork  Comments: |  |  |  |  |
| **COMPASSION –** Reflected in Caring, Empathy, and Social Responsibility  Comments: |  |  |  |  |
| **EXCELLENCE** – Reflected in Distinction, Effectiveness, Efficiency, Enthusiasm, Passion and Quality  Comments: |  |  |  |  |
| **INCLUSIVITY** – Reflected in Diversity, Equality, Fairness, Impartiality, and Respect  Comments: |  |  |  |  |
| **INTEGRITY –** Reflected in Accountability, Ethical Behavior, Honesty, and Reliability  Comments: |  |  |  |  |
| **LEADERSHIP –** Reflected in Courage, Honor, Professionalism, Transparency, and Vision  Comments: |  |  |  |  |

|  |
| --- |
| **Section II: Major Goals and /or Job Responsibilities (To be completed for ALL employees)** |

**For Classified Staff Employee:** This section of the form is designed to make the form “job specific” by listing, in order of importance, key job responsibilities being evaluated. Rate the employee’s performance on each essential function of the job using the rating scale described on the instruction sheet.

**For Managerial/Professional Employee:** In units where goals and objectives have been identified in writing, the employee should be evaluated on those pre-determined and pre-defined goals or objectives. In units where goals and objectives have not been established, the supervisor should identify the major duties and/or responsibilities of the job and evaluate the employee accordingly. In either situation, a performance dimension for all supervisory personnel is commitment to equal employment opportunity and diversity in the workplace. Where pre-determined goals and objectives are not used, the employee should be evaluated on projects, job duties and special assignments. Check the appropriate performance level.

|  |  |
| --- | --- |
| **Goal/Objective/Project/Major Job Duty/Special Assignment** |  |
|  |

|  |  |
| --- | --- |
| **Goal/Objective/Project/Major Job Duty/Special Assignment** |  |
|  |

|  |  |
| --- | --- |
| **Goal/Objective/Project/Major Job Duty/Special Assignment** |  |
|  |

|  |  |
| --- | --- |
| **Goal/Objective/Project/Major Job Duty/Special Assignment** |  |
|  |

If other major responsibilities have been identified that have not been captured in any of the four Goal/Objective/Project/Major Job Duty/Special Assignment’s sections listed above, please attach an additional sheet rating those responsibilities.

|  |
| --- |
| **Section III: Annual Training/Compliance and Professional Development** |

**Annual Training:** Each employee is required to complete the annual training and compliance awareness requirements annually. Please indicate (Yes) the employee has completed the requirements in the section below. For employees whose hire date is after November 1st of the previous annual training and compliance cycle, training will have been covered by new employee orientation. To confirm completion, please contact HR at HUMANRESOURCES\_TRAINING@augusta.edu

|  |  |  |  |
| --- | --- | --- | --- |
| **Annual Training Completed?** |  |  |  |

**Professional Development:** Identify any training or development activities the employee has completed since his/her last performance evaluation.



|  |
| --- |
| **Section IV: Performance Factors** |

**Directions:** In this section, the performance factors tend to reinforce the key job responsibilities identified in Section II. Place a check (√) in the box that best identifies the employee’s job performance and make comments as appropriate.

The supervisor’s written comments can be the most important part of this evaluation section. Please indicate specific areas of improvement needed in the comment section if the performance factor is rated “Needs Immediate Improvement”.

If the employee is classified staff, please complete performance factors 1 through 10. If the employee falls in the Managerial/Professional category, please complete performance factors 1 through 14.

|  |  |
| --- | --- |
| 1. **Job Knowledge** | To what extent does the employee understand the job duties and responsibilities? |
|  | **Comments:** |

|  |  |
| --- | --- |
| 1. **QUALITY OF WORK** | To what extent does the employee’s work meet the required quality standards, i.e., accuracy, neatness and thoroughness? |
|  | **Comments:** |

|  |  |  |
| --- | --- | --- |
| 1. **PRODUCTIVITY** | To what extent does the employee accomplish the quantity of work expected of the job assigned and use time and resources appropriately? | |
|  | **Comments:** | |
| 1. **RECORDKEEPING AND/OR**   **DOCUMENTATION** | | To what extent does the employee adequately prepare and maintain records, written reports, correspondence, and files? | |
|  | | **Comments:** | |

|  |  |
| --- | --- |
| 1. **RELIABILITY** | To what extent does the employee perform work consistently without close supervision or assistance? |
|  | **Comments:** |

|  |  |
| --- | --- |
| 1. **ADAPTABILITY** | To what extent does the employee readily adapt to new situations and changes in routines, work load and work assignments? |
|  | **Comments:** |

|  |  |
| --- | --- |
| 1. **INITIATIVE** | To what extent does the employee present new ideas; improve procedures; or otherwise demonstrate an awareness of clerical or technical changes related to the job, and take appropriate action without instruction or urging? |
|  | **Comments:** |

|  |  |
| --- | --- |
| 1. **ATTENDANCE** | To what extent does the employee maintain satisfactory attendance in regard to tardiness, early departures, absences, and working assigned schedule? |
|  | **Comments:** |

|  |  |
| --- | --- |
| 1. **RELATIONSHIPS WITH OTHERS** | To what extent does the employee establish effective working relationships when dealing with others (supervisors, co-workers, patients, the public, etc.) and promote the effectiveness of other employees? |
|  | **Comments:** |

|  |  |
| --- | --- |
| 1. **ADHERE TO POLICIES AND PROCEDURES** | To what extent does the employee follow Augusta and department specific policies and procedures (i.e., safety, dress guidelines, professionalism, and administrative policies and procedures)? |
|  | **Comments:** |

**Managerial/Professional Staff**

|  |  |
| --- | --- |
| 1. **PLANNING AND ANALYTICAL ABILITY** | To what extent does the employee demonstrate the skills to analyze, solve problems, and prioritize? |
|  | **Comments:** |

|  |  |
| --- | --- |
| 1. **MANAGERIAL SKILLS** | To what extent does the employee effectively work well with and through others to complete assignments in a timely and productive manner demonstrating a commitment to customer service? |
|  | **Comments:** |

|  |  |  |
| --- | --- | --- |
| 1. **MENTORING OF OTHERS** | | 1. To what extent does the employee guide/encourage others to become more effective in work assignments and better prepared for future professional development?   **Comments:**   1. To what extent does the employee effectively evaluate others, ensuring productive work in support of the university/college/division’s strategic plan, including the development of an Employee Development Plan or Performance Improvement Plan when needed?   **Comments:** |
| **A** | **B** |
|  |  |

|  |  |
| --- | --- |
| 1. **COMMUNICATION SKILLS** | To what extent can the employee effectively express himself/herself orally and in writing including correspondence, reports, and presentations at conferences, seminars, workshops, etc., as required by the job? |
|  | **Comments:** |

|  |
| --- |
| **Section V: Supervisor Comments and Future Training/Development and Goals/Objectives** |

**Directions:** This section will be used to identify areas in which job performance has been significantly above average, areas where performance improvement is needed and an action plan to achieve improvement, development and training recommendations to enhance and/or develop new skills, and goals/objectives for the upcoming year.

**A. Supervisor’s Comments (Job Performance)**

1. Areas in which job performance has been significantly above average:
2. Areas in which job performance can be enhanced through further development and recommended strategies or programs for achieving such:
3. Areas in which job performance improvement is needed and reasons why improvement is needed:

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Action Plan:** Action plans must include expected performance that is clearly outlined and measurable. *For example:* if a decrease in errors is the expected performance, please indicate the expected rate of improvement, “12 out of 13 transactions over a three month period must be error free”. Include quantifiable measurements. 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**B. Future Training and Development Requirements**

Indicate recommendations for further development and training for purposes of preparing the employee for additional responsibilities or for the improvement of current job performance.



**C. Future Goals/Objectives**

List goals/objectives/special projects to be accomplished by the next annual evaluation. Include the employee’s professional development as well as departmental objectives, which have been mutually agreed upon and which support the university/college/division’s strategic plan.



|  |
| --- |
| **Section VI: Overall Rating and Signatures** |

**Directions:** This section should be used for the supervisor to rate the overall performance, obtain requested signatures, and the employee’s comments. The overall performance rating should be used in determining the employee’s merit increase recommendation, if any. The employee’s merit increase is contingent upon performance continuing at the same level.

If an employee’s rating is below expectations, an Employee Action Plan (Section V, A.3) is required. This section can also be used to update a past action plan.

**NOTE to Manager:** If the employee you are evaluating works in the hospital, an annual health screening is required pursuant to hospital policy. Please schedule this screening with Employee Health in accordance with the evaluation deadline.

**NOTE to Employee:** If you work in the hospital, an annual health screening is required and your manager will be scheduling this screening before the end of the evaluation period.

Date of Employee’s Annual Health Screening:  **­** (for completion by manager)

**Please Note:** Performance evaluation cycle runs from March 1 – April 30 annually and are due to Human Resources) by May 15 of each year. Please schedule health screenings (if applicable) in a timely manner in order to meet this deadline. **Each department/ unit will have a designated representative for collection of the evaluations and that representative will be granted access to the BOX folder for their department to upload completed documents.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Overall Rating** (*select one)* | | | |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Evaluated by:** |  | | | **Title:** |  | | | **Date**: |  |
|  | **(Immediate Supervisor)** | | |  |  | | |  |  |
|  |  | |  | |  |  | | |  |
| **Reviewed by:** |  | | | **Title:** |  | | | **Date**: |  |
|  |  | |  |  |  |  | |  |  |
| **Employee’s Signature\***: | |  | | | | | **Date**: |  | |
| \* This signature acknowledges review of content. If employee does not agree with content and/or rating, he or she may note in the Employee Comments section. | | | | | | | | | |

|  |
| --- |
| Immediate Supervisor’s Comments: |
| Employee’s Comments: |