

STAFF PERFORMANCE SUMMARY

Employee Name:		Position Title:			
Employee ID#:		Evaluator's Name:			
Department/Unit:		Date:			
INSTRUCTIONS					
	formance outcomes re	lative to expectations, the Working Environment questions			
•		onversation(s) and any issues or concerns documented			
	•	ber's Comments sections that follow.			
Working Environment					
a) Do you have the tools and equipment (hardware, software, ergonomic workspace, etc.)					
required to do your job?					
b) What Training and Development opportunities did you pursue this year and how did they					
complement your job? What Training and Development opportunities would you like to					
explore in the coming year?					
c) How has your job changed in the past year and how would you like to see it change in the					
	future? Are you comfortable with your current workload?				
•	d) What would you change about the way you and I communicate and interact?				
e) Are there ways that I can improve on providing constructive feedback to help you in the performance of your job duties?					
f) Are you involved in any volunteer activities on campus outside the scope of your job duties? If					
-	so, what do you feel are the personal and professional benefits to you and/or the University?				
g) Does your job description reflect what you do?					
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mandate of the Joint Health and Safety committee and the procedures to address health and					
safety concerns?					
i) Do you have addressed?					
j) Is there any	Is there any health and safety related training you would be interested in attending?				
-	Are you aware of the general requirements and your responsibility under UW Policy 58 -				
Accessibility	Accessibility, including completion of the mandatory Accessibility Training?				

I) Have your accessibility needs, including documented individual accommodation plan (if

applicable), been taken into account? What other issues would you like to discuss?



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EVALUATOR'S COMMENTS				

FACTOR RATING GRID				
Rating Number	INTERPRETATION			
5	Exceptional performance in all areas of the job requirements which is recognized throughout their unit or broadly throughout the University. Normally, an employee would not receive a rating of 5 in consecutive years.			
4	Performance significantly exceeded the requirements of the job in one or more key areas.			
3	Performance was fully satisfactory in all key areas.			
2	Need for recognizable improvement in one or more key areas.			
1	Performance was significantly below job requirements in several important areas and improvements will be required or reassignment or termination will be considered. Ratings at this level are subject to disciplinary action.			

Note: Evaluators may add a .25 (for 3 and above) or .5 increment to a staff member's rating to acknowledge performance that exceeds one category but does not achieve the next. Managers are expected to use the full range of evaluations as appropriate.



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Overall Rating SELECT ONE BOX:	5.0 4.75 4.5 3.5 3.25 3.0	4.25 4.0 3.75 2.5 2.0 1.5 1.0				
STAFF MEMBER'S COMMENTS						
	VERIFICATION					
Staff Member's Signat	ture*:	Date:				
Evaluator's Signa	Date:					
Reviewed by Evaluator's Super	Date:					

*Staff member's signature indicates their understanding that they had the option of completing the Staff Confidential Appraisal Form but instead opted for this summary of their performance. Additionally, Staff member's signature indicates that the member has seen this document and has had a discussion with their Evaluator on the content. If there is disagreement on content, please indicate this in Staff Member's Comments.