**University of Illinois at Urbana-Champaign**

**ER/HR Use Only Database:**

**Facilities & Services**

**Annual Civil Service Performance Evaluation**

**Supervisory**

**Name: Date:**

**Classification:**

**Date Employed in Classification:**

**Operating Unit, Shop or Craft:**

**Supervisor Conducting Evaluation:**

**INSTRUCTIONS**

A performance review must be completed once each year for all employees. This form lists performance factors divided into several parts. Assign a performance level rating to each performance factor and use the comments sections to document and justify your ratings. For managerial and supervisory employees, evaluate both sets of Performance Factors.

**Any ratings of Exemplary or Unacceptable must be justified in the comments section**.

Distribute the original completed evaluation form to F&S Employee Relations & Human Resources and distribute a copy to the employee.

PROCEDURE: THE EVALUATOR SHALL REFER TO **THE EMPLOYEE’S JOB DESCRIPTION** WHEN COMPLETING THE EVALUATION INSTRUMENT AND DISCUSS THE EVALUATION RESULTS WITH THE EMPLOYEE. BOTH THE EVALUATOR AND THE EMPLOYEE MUST SIGN THE EVALUATION. THE EMPLOYEE SIGNATURE INDICATES THAT THE EMPLOYEE HAS SEEN THE EVALUATION BUT DOES NOT NECESSARILY INDICATE THE EMPLOYEE CONCURS WITH THE EVALUATION.

**Performance Levels**

**EXEMPLARY** PERFORMANCE CONSISTENTLY FAR EXCEEDS ALL EXPECTATIONS; OBVIOUSLY MERITORIOUS PERFORMANCE.

**DISTINGUISHED** PERFORMANCE GENERALLY EXCEEDS JOB REQUIREMENTS; WELL ABOVE AVERAGE.

**SATISFACTORY** MEETS ALL JOB RESPONSIBILITIES IN THIS AREA.

**NEEDS IMPROVEMENT** PERFORMANCE IS BELOW ACCEPTABLE STANDARDS; REQUIRES MORE THAN AVERAGE GUIDANCE.

**UNACCEPTABLE** PERFORMANCE IS WELL BELOW MINIMUM STANDARDS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attribute** | **EXEMPLARY** | **Distinguished** | **Satisfactory** | **Needs Improvement** | **Unacceptable** |
| **WORK QUALITY, INITIATIVE, RESOURCEFULNESS:** Accomplishes workusing required technical competencies. Offers suggestions; anticipates needs; and suggests possible ideas or methods to meet changing circumstances, using sound judgement. |  |  |  |  |  |
| **EFFECTIVE USE OF TIME, QUANTITY OF WORK:** Extent to whichemployee meets job requirements on a timely basis consistent with established standards. Accomplishes work by required deadlines, through effective planning and collaboration. |  |  |  |  |  |
| **DEPENDABILITY/RESPONSIBILITY:** Willingly takes on accountability for assignments; ensures tasks are followed to completion; devotes attention to detail. Employee can be depended on to be available for work. |  |  |  |  |  |
| **COMMUNICATION:** Ability to convey information and ideas to others in a manner that promotes cooperation and productive outcomes. |  |  |  |  |  |
| **RESPONSE TO LEADERSHIP:** The manner in which the employee responds to supervisory directions and comments. The extent to which the employee appropriately seeks direction and makes suggestions on ways to improve performance. |  |  |  |  |  |
| **TEAMWORK:** Develops and maintains positive working relationships with others. Willingness to collaborate appropriately with others. |  |  |  |  |  |
| **ATTENDANCE AND RELIABILITY:** Reports to work on time, observes time limits for lunches and breaks, gives prompt notice of absence due to illness, and adheres to all applicable university and departmental policies. |  |  |  |  |  |
| **SAFETY COMPLIANCE:** Practices required and recommended safety measures for duties assigned. Demonstrates safe working habits. |  |  |  |  |  |
| **CUSTOMER SERVICE:** Works with customers in problem resolution, providing timely follow-up. Acts in a courteous and professional manner. Shows willingness to assist when needed. |  |  |  |  |  |

# Performance Levels

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**S SATISFACTORY:** MEETS ALL JOB RESPONSIBILITIES IN THIS AREA.

**NI NEEDS IMPROVEMENT:** PERFORMANCE IS BELOW ACCEPTABLE STANDARDS; REQUIRES MORE THAN AVERAGE GUIDANCE.

**U UNACCEPTABLE:** PERFORMANCE IS WELL BELOW MINIMUM STANDARDS

**THIS SECTION IS TO BE COMPLETED FOR ALL CIVIL SERVICE EMPLOYEES WITH**

**SUPERVISORY OR MANAGEMENT RESPONSIBILITIES1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attribute** | **EXEMPLARY** | **Distinguished** | **Satisfactory** | **Needs Improvement** | **Unacceptable** |
| **LEADERSHIP:** Motivates staff to achieve institutional goals, fosters high morale and fulfillment, and applies policies fairly and appropriately. Demonstrates willingness and ability to communicate and carry forth management objectives. |  |  |  |  |  |
| **LEADERSHIP DEVELOPMENT:** Attends leadership development training and applies principles and skills learned. Attends internal and external classes, workshops, seminars, and training programs. |  |  |  |  |  |
| **SAFETY COMPLIANCE:** Ensures that staff practices required and recommended safety measures. Maintains a safe working environment. If work is in a setting with exposure to hazards, ensures that staff attends mandatory EHS safety training. |  |  |  |  |  |
| **ORGANIZATIONAL AND PLANNING SKILLS:** Sets goals, establishes priorities, utilizes available resources, and organizes work to meet deadlines, schedules, and commitments. |  |  |  |  |  |
| **COACHING AND STAFF DEVELOPMENT:** Coaches staff to succeed in achieving goals. Provides on-going performance feedback to staff and conducts written annual performance reviews of staff. Issues work assignments to maximize operational needs and staff development. |  |  |  |  |  |

1PLEASE CONSULT EMPLOYEE’S JOB DESCRIPTION AND OTHER FACTORS, I.E. TEMPORARY UPGRADES, TO ASSESS SUPERVISORY RESPONSIBILIES AND TO DETERMINE IF THIS SECTION SHOULD BE COMPLETED.

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**OVERALL EVALUATION**

Using the criteria in this performance review as a guideline, assign one of the following performance levels for the employee's overall performance.

**SUPERVISOR OVERALL ASSESSMENT: (COMMENTS ARE REQUIRED IF “EXEMPLARY” OR “UNACCEPTABLE” ARE CHECKED)**

Exemplary Distinguished Satisfactory Needs Improvement Unacceptable

**Supervisor Comments:**

**Employee Achievements:**

**Goals for Employee:**

**EMPLOYEE SELF-ASSESSMENT : (COMMENTS ARE REQUIRED IF “EXEMPLARY” OR “UNACCEPTABLE” ARE CHECKED)**

Exemplary Distinguished Satisfactory Needs Improvement Unacceptable

**Employee Comments:**

**Employee Achievements:**

**Goals for Employee:**

**SIGNATURES**

I certify by my signature below that the contents of this performance review have been discussed with the employee.

**Supervisor Signature: Date:**

I certify by my signature below that this performance review has been discussed with me. I have read and understand the contents. I understand that my signature does not necessarily indicate agreement with statements made herein.

**Employee Signature: Date:**