**PERFORMANCE EVALUATION FOR NON-PROBATIONARY EMPLOYEES**

*Procedure: The evaluator shall refer to the employee's job description and performance during the reporting period when completing the evaluation and discuss the evaluation with the employee. Both the evaluator and the employee should sign the evaluation. The employee signature indicates that he/she has seen the evaluation but does not necessarily indicate the employee concurs with the evaluation. The employee should be given a copy for his/her records.*

*The original evaluation form(s) shall be retained by the unit for six years following separation of the employee.*

***Inclusion, Diversity, Equity, and Access NOTE: Crop Sciences wishes to address historical racial and gender inequities and asks every employee to create a department that is a welcoming and supportive place. Please keep this goal in mind as you conduct this review.***

Please evaluate the employee's job performance by checking and adding a comment/example for each attribute sub-bullets based on the following scale:

**U**=unsatisfactory; **NI**=needs improvement; **S**=satisfactory; **AA**=above average; **E**=excellent; **NA=**not applicable

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| **ATTRIBUTE TO BE EVALUATED** | U | NI | S | AA | E | NA |
| **Quantity of work**   * *extent to which the employee meets job requirements in a timely basis* |  |  |  |  |  |  |
| **Quality of work**   * *extent to which the employee's work is thorough, effective and accurate* |  |  |  |  |  |  |
| **Knowledge of job**   * *extent to which the employee knows and demonstrates all phases of assigned work* |  |  |  |  |  |  |
| **Cooperation with others**   * *extent to which the employee gets along well with others;* * *responds positively to direction and adapts well to changes;* * *shows tact, courtesy and effectiveness in dealing with others;* * *demonstrates the ability and willingness to communicate effectively with people of diverse backgrounds and experiences to create a collaborative, collegial, and caring community* |  |  |  |  |  |  |
| **Judgment**   * e*xtent to which the employee makes sound job-related decisions, develops alternative solutions and recommendations and selects proper course of action;* * *demonstrates a willingness to listen to and accept new ideas, alternatives and perspectives;* * *understands impact of decisions and actions* |  |  |  |  |  |  |
| **Attendance, reliability and dependability**   * *extent to which the employee is not absent and contacts supervisor concerning absences on a timely basis;* * *can be depended upon to be available for work; assumes responsibilities and ensures tasks are followed to completion****;*** * *acted in a humble way in their approach and were willing to identify when their approach could have been modified to achieve a better outcome* |  |  |  |  |  |  |
| **Planning and organizational effectiveness**   * *extent to which the employee meets deadlines, manages resources, and effectively balances tasks and priorities;* * *modifies one’s preferred way of doing things when it benefits the whole, focusing on long-term vision rather than short-term gains* |  |  |  |  |  |  |
| **Communication**   * *extent to which the employee effectively conveys information and ideas to others; clarity of oral and written communications;* * *actively listens to others, seeks to understand and then to be understood* |  |  |  |  |  |  |
| **Initiative and creativity**   * *extent to which the employee is self-directed, resourceful and creative in meeting job objectives;* * *follows through on assignments; initiates or modifies ideas, methods or procedures to meet changing circumstances or needs* * *engages, involves and obtains input from a diverse audience to ensure diverse perspectives are considered* |  |  |  |  |  |  |
| **Supervisory ability (**if applicable)   * *extent to which the employee applies sound practices in executing his/her supervisory responsibilities;* * *demonstrates skill in arousing interest and enthusiasm in subordinates;* * *effectively selects and develops personnel;* * *considers and accepts diverse input and perspectives* * *involves team members in team initiatives and decision making as appropriate* * *(if applicable for reporting period) attended a topical training (e.g. unconscious bias training), applies learning to evolving assignments* |  |  |  |  |  |  |
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| **IDEA Goals for next evaluation period examples below:**   * *attend a topical training (e.g. unconscious bias training) that increases cultural competency, knowledge of forms and history of**oppression, etc.* * *develop ways to apply learning in assignments and interactions* * *develop ways to address structural issues or help others develop competencies around IDEA* | | | | | | |

The evaluator may want to comment on the ratings given to the above attributes, on ideas for improving job performance, or on areas where the employee has improved since the last evaluation. Such comments should be attached to the evaluation form.

**Comments attached**:  yes  no

The employee should be given the opportunity to comment on the results of his/her performance evaluation. Such comments should be attached to the evaluation form.

**Comments attached**:  yes  no

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| Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department: \_\_Crop Sciences\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Evaluation Period: \_7/1/2021 to 6/30/2022\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluator Signature/Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Signature/Date\*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized Unit Administrator Signature/Date (if applicable)  \*employee signature indicates that he/she has seen the evaluation and does not necessarily indicate concurrence with the evaluation |

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