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|  | **Performance Review** |
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| NAME  | JOB TITLE  | SUPERVISOR |
| TYPE OF REVIEW [ ] Annual [ ] 6 Month [ ] Other | REVIEW PERIOD | REVIEW DATE |
| Instructions: Tooele Technical College conducts formal evaluations for all full-time and part-time employees. The evaluation procedure is designed to promote continuous improvement through professional growth of employees and to provide a remediation process for inadequate performance. The employee will establish at least two performance goals and one professional development goal, to be accomplished during the next review period.The supervisor will provide comments that are based on the employee’s performance of their current job description, performance goals and professional development goal(s). The current job description will be reviewed and signed. The employee will have an opportunity to agree or disagree with the supervisor’s assessment and provide comments. Proposed changes to the current job description are to be submitted by the employees’ supervisor and must be approved by appropriate Administration and Human Resources. Attach a signed copy of the current job description to the final Performance Review document and submit to Human Resources, this will become a part of the employee’s permanent personnel file. Checklist:* Submit Signed Final Performance Review
* Submit Performance Improvement Plan, if necessary
* Submit Signed Job Description
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| **EMPLOYEE GOALS FOR PRECEDING REVIEW PERIOD** |
| Performance Goal #1: | Comments: | * Not Met
* Partially Met
* Met
* Exceeded Goal
* N/A
 |
| Performance Goal #2: | Comments: | * Not Met
* Partially Met
* Met
* Exceeded Goal
* N/A
 |
| Professional Development Goal: | Comments: | * Not Met
* Partially Met
* Met
* Exceeded Goal
* N/A
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| **EMPLOYEE GOALS FOR NEXT REVIEW PERIOD** |
| Performance Goal #1: | Measurement: |
| Performance Goal #2: | Measurement: |
| Professional Development Goal: | Measurement: |

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| **FOR FACULTY TEACHING TECHNICAL COURSES;****HAVE YOU SUBMITTED YOUR ANNUAL FACULTY EMPLOYER LIAISON REPORTS ⬜ YES ⬜ NO**  |
| If no, detail the action plan to submit the report.  |
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| **EMPLOYEE SATISFIES THE MINIMUM REQUIREMENTS FOR THIS POSITION**  |
| **⬜ Meets Expectations****⬜ Improvement Desired** |
| **If marked “Improvement Desired,” describe Performance Improvement Plan:** |
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|  |

**PAY PROGRESSION POINTS**

|  |  |
| --- | --- |
| Compra-ratio |  |
| Meets Expectations |  |
| Goal Obtainment |  |
| Completed Professional Development |  |
| Total Pay Progression Points |  |

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| **Employee Performance Evaluation Rating** |
| Points earned if Employee Meets Expectations |
| Below Midpoint | Above Midpoint |
| 85-89% | 90-94% | 95-99% | 100-104% | 105-109% | 110-114% | 115-119% | Above 120% |
| 7 | 6 | 5 | 4 | 3 | 2 | 1 | .5 |

|  |  |  |
| --- | --- | --- |
| **Goal Obtainment for each Goal** |  | **Professional Development** |
| Not Met | 0 |  | Not Met | 0 |
| Partially Met | .5 |  | Partially Met | .5 |
| Met | 1 |  | Met | 1 |

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| **SUPERVISOR COMMENTS:** |
| Comment:  |

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| **EMPLOYEE STATEMENT:** |
| Comment:  |

***My immediate supervisor and I have reviewed and discussed this evaluation.***

Employee Date

Immediate Supervisor Date