



Feedback & Ongoing Coaching for University Success

Administrative / Support Performance Evaluation
Review Feedback Period _____

Employee Name	Job Title
Supervisor's Name	Supervisor's Title

Key Job Responsibilities / Accountabilities: Attach current job description. Briefly assess the major responsibilities / accountabilities of the employee's position in terms of successful outcomes, timeliness, appropriateness of action, etc.

- 1.
- 2.
- 3.

Briefly describe the employee's strengths, talents and opportunities for improvement demonstrated in their work, knowledge, and/or skills. You may use the competency table to assist you in defining key aspects for discussion.

Strengths and Talents	Opportunities for Improvement

Performance Rating for Job Responsibilities:

<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Achieves Expectations	<input type="checkbox"/> Needs Improvement
Consistently exceeds performance expectations and position requirements. Contributes at a very high level.	Performance and results meet all position requirements and expectations. Planned goals were achieved within acceptable standards.	Performance and results meet some, but not all the position's requirements and expectations. Employee requires a performance improvement plan to reach an acceptable level.

Development Plan: (Identify steps that can be taken by either employee and/or the manager to improve performance.)

Manager Comments: Overall summarize employee performance recognizing both strengths and developmental areas. Should performance be considered unacceptable discuss corrective action steps that will be taken.

Employee Comments:

The University expects all employees to perform their job responsibilities in a safe and ethical manner, in compliance with federal and state regulations and in adherence to the University's Code of Conduct (<http://codeofconduct.wustl.edu>) and the Employee Safety and Health Policy found in the Supervisor Policy and Procedure manual and Employee Handbook under section VI Employment Rights and Responsibilities.

Please check this box to signify that supervisor and employee have discussed compliance with these standards along with compliance with other standards specific to the department/school.

Completed by: _____ Title: _____ Date: _____

Employee Signature: _____ Title: _____ Date: _____

(Signature indicates that this performance evaluation was discussed and reviewed with employee. It does not necessarily indicate employee's agreement.)