

SCHOOL DISTRICT OF THE CITY OF ERIE

**EMPLOYEE PERFORMANCE APPRAISAL**  
(Non-Supervisory)

**PERFORMANCE APPRAISAL SCHEDULE**

1. Initial review of the Performance Appraisal Form must be done with the employee during the employee's orientation period.
2. A 90-Calendar Day Performance Appraisal Review must take place with new employees. Special Assignments/Projects and personal employment goals can be established at that time.
3. An Annual Performance Appraisal must be completed by June 30<sup>th</sup> of each year for each employee who has been employed for at least six months by that date. Appraisals can be conducted at any time if it is determined by the supervisor that one is needed during a non-scheduled period. (Follow-up of performance issues from the most recently completed appraisal may also occur at any time.)

**PROCEDURES**

1. Carefully review employee job description, special projects, special assignments, and personal goals.
2. Provide above information to employee to review.
3. The employee should complete a self-appraisal, and the self-appraisal and the supervisor's appraisal should be prepared independent of each other. Responses should be based on the observed performance in relation to the employee's duties and responsibilities and performance expectations.  
  
Special attention should be paid to clarifying the link between the employee's job and performance expectations to the District's goals, values, objectives, and quality improvement efforts.
4. The employee and supervisor meet to share with one another their responses to the Performance Appraisal. The aim is to have an open and constructive discussion that leads to a clear understanding of the employee's past performance as well as future expectations and personal goal development.
5. Following the feedback session, the supervisor prepares the final form and shares it with the employee.
6. The supervisor signs the Performance Appraisal and gives it to the employee to sign. The supervisor ensures that the employee receives a copy for his/her records and sends the original copy to the Human Resources Department.

# EMPLOYEE PERFORMANCE APPRAISAL (Non-Supervisory)

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Location: \_\_\_\_\_  
Appraiser: \_\_\_\_\_ Date of Review: \_\_\_\_\_ Onset of employment (orientation review) \_\_\_\_\_  
90-day review (Conclusion of probationary period) \_\_\_\_\_  
Annual \_\_\_\_\_  
Other appraisal period \_\_\_\_\_

Rate the employee using the following scale: (use current job description as part of reference)

1. **Unacceptable** – Consistently fails to meet job requirements; performance clearly below minimum requirements.
2. **Needs Improvement** – Occasionally fails to meet job requirements; performance must improve to meet expectations of position – corrective action required.
3. **Meets Expectations** – Able to perform 100% of job duties satisfactorily. Normal guidance and supervision are required.
4. **Exceeds Expectations** – Frequently exceeds job requirements; all planned objectives were achieved above the established standards and accomplishments were made in unexpected areas as well.
5. **Superior** – Consistently exceeds job requirements; this is the highest level of performance that can be attained.

The "Comments" section must be completed for any rating of 1, 2, 4 or 5.

Circle the appropriate number in the rating scale:

1. **Quality of Work**                      1                      2                      3                      4                      5                      N/A

Do completed assignments meet quality standards? Consider accuracy, neatness, thoroughness and adherence to standards and safety rules.

Comments \_\_\_\_\_  
\_\_\_\_\_

2. **Quantity of Work**                      1                      2                      3                      4                      5                      N/A

Consider the results of the employees' efforts. Does the employee demonstrate the ability to manage several responsibilities simultaneously; performs work in a productive and timely manner; meet work schedules.

Comments \_\_\_\_\_  
\_\_\_\_\_

3. **Communication** 1 2 3 4 5 N/A  
a. Communicates necessary information to the appropriate persons in a timely and effective manner -- consider job related effectiveness in dealing with others.  
b. Does the employee express clearly both orally and in writing, listen well and respond appropriately?

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Work Habits** 1 2 3 4 5 N/A  
To what extent does the employee display a positive, cooperative attitude toward work assignments and requirements? Consider compliance with established work rules and organizational policies.

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **Cooperation/Participation** 1 2 3 4 5 N/A  
How well does the employee work with co-workers and supervisors as a contributing team member? Does the employee demonstrate consideration of others; maintain rapport with others; help others willingly?

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Initiative** 1 2 3 4 5 N/A  
Consider how well the employee seeks and assumes greater responsibility; monitors projects independently and follows through appropriately.

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Judgment/Decision Making 1 2 3 4 5 N/A

Consider how well the employee effectively analyzes problems, determines appropriate action for solutions, and exhibits timely and decisive action; thinks logically.

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Dependability 1 2 3 4 5 N/A

Consider the amount of time spent directing this employee. Does the employee monitor projects and exercise follow-through; adhere to time frames; appear on time for meetings and appointments; and respond appropriately to instructions and procedures?

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Adaptability 1 2 3 4 5 N/A

Consider the ease with which the employee adjusts to any change in duties, procedures, supervisors or work environment. How well does the employee accept new ideas and approaches to work and respond appropriately to constructive criticism and to suggestions for work improvement?

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Attendance 1 2 3 4 5 N/A

Consider number of absences, use of annual and sick leave in accordance with District policy.

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11.

Punctuality

Does the employee arrive and depart from work in accordance with District policy?

1

2

3

4

5

N/A

Comments

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## OVERALL PERFORMANCE

Please use this space to describe the overall performance rating. The overall rating should be a reflection of the traits and factors assessed.

		Point Range		
<input type="checkbox"/>	1	Unacceptable	23	or less
<input type="checkbox"/>	2	Needs Improvement	24	- 29
<input type="checkbox"/>	3	Meets Expectation	30	- 37
<input type="checkbox"/>	4	Exceeds Expectation	38	- 44
<input type="checkbox"/>	5	Superior	45	or more

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SIGNATURES

Rater: \_\_\_\_\_ Date: \_\_\_\_\_

Rater's Name (print): \_\_\_\_\_

### EMPLOYEE:

I have been advised of my performance ratings. I have discussed the contents of this review with my supervisor. My signature does not necessarily imply agreement. My comments are as follows (optional) (attach additional sheets if necessary):

Comments (optional): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Employee Improvement Plan

Employee Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Improvement Objectives:

Procedures:

Resources needed:

Appraisal Methods and Timelines:

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Final Review and Comment/Documentation Presented:

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

