

SHRA EMPLOYEE PERFORMANCE APPRAISAL TOOL







Instructions

Full Cycle Performance - UNCW SHRA Performance Appraisal Tool

Part I: Performance Plan *Beginning of Cycle*

1. Institutional Goals

- Review the institutional goals with the employee. Discuss how the employee can meet and exceed the institutional goals within their position and job duties.
- Indicate the weight of each goal toward the final overall weighting based on the position. Each goal must be at least 5%. The total weight of the institutional goals must equal 50%.
- → Resource: Expanded Institutional Goals; Institutional Goals Fillable Worksheet

2. Individual Goals

- Discuss and define 3-5 individual goals for the upcoming cycle. These goals should focus on key results, outcomes, and deliverables for the upcoming cycle; they are not intended to cover all aspects of the employee's job.
- Indicate the weight of each individual goal toward the final overall weighting. Each goal must be at least 5%. The total weight of the individual goals must equal 50%.
- → **Resource:** Individual Goal-Setting Worksheet

3. Talent Development Plan

- Discuss and identify opportunities for the employee to learn and develop in his or her role.
- → **Resource:** Talent Development Planning Worksheet

4. Signatures

• Once you have filled out and gone over Part I with the employee, you, the employee, and the second-level supervisor should sign and date.

Part II: Off-Cycle Reviews *Halfway Through Cycle*

5. Interim Review*

- Meet with the employee halfway through the performance cycle to discuss current progress on the three areas in Part I. Document and initial the conversation in the space provided.
- If changes or additions need to be made to the Individual Goals or Talent Development Plan, make them during the interim review.
- → **Resource:** Talent Conversation Questionnaire
- **All UNCW employees are required to have at least one interim review. Additional off-cycle reviews are optional.

Part III: Annual Performance Appraisal *End of Cycle*

6. Goal Rating

• Rate the employee's Institutional and Individual Goals based on the entire performance cycle.

1 = Not Meeting Expectations	The form will add all of the Scores together to
2 = Meeting Expectations	assign a Final Overall Rating.
3 = Exceeding Expectations	■ 1.00 to 1.69 = Not Meeting Expectations
He form will multiply the Weight by the Rating to	1.70 to 2.69 = Meeting Expectations
get the Score for each goal.	2.70 to 3.00 = Exceeding Expectations

- Provide comments in narrative form to elaborate on the employee's performance this cycle.
- Submit the completed form (with signatures) to HR by the cycle deadline.
- → **Resource:** Employee Self-Appraisal; Employee Comments

Click here for supplemental tools and resources.

<u>Click here</u> for detailed instructions on submitting the formal performance appraisal.

^{***}Probationary employees must have quarterly reviews during their first year. For more information, click here.



	ANNUAL PERFORMANCE APPRAI	SAL CYCLE (Dates From/To):	to							
Dept. Name:		Employee Name:								
Dept. #:		Employee ID:	Position #:							
Supervisor Name:		Employee Classification:								
Supervisor Title:		Competency Level:								
PART 1: PERFORM	ANCE PLAN		(See Section III & IV in Performance Guide)							
2. Define the Individ (no less than 3, no	utional Goals with the employee. ual Goals for the employee o more than 5). velopment Goals, as needed.	 Indicate below the Weight of each goal toward the Final Overall Rating. Each goal must be at least 5%. The total weight of the Institutional Goals must equal 50%. The total weight of the Individual Goals must equal 50%. 								
Type of Plan:	Initial Performance Plan:	Revised F	Plan during Performance Cycle:							
	INSTITUTIONAL GOALS (See Section III in Performance Guide)									
	al goals with each employee. Discuss to the control of specific expectation of specific expectations.		ne duties on the employee's position the goal. Click here for expanded descriptions.							
EXPERTISE			WEIGHT:							
b. Resourcing: Mak c. Innovation: Regu	ces work that is accurate, thoroug ments of the employee's position es efficient and appropriate use c larly looks for ways to improve et laintains technical skills and releva	and profession. If materials. Ificiency or quality.	ient analysis and decision-making to							
ACCOUNTABILITY			WEIGHT:							
 a. Productivity: Completes required volume of work by established deadlines and stays productive throughout the workday. b. Autonomy: Generally completes work with few reminders or infrequent oversight. c. Prioritizing: Takes sufficient and appropriate measures to plan work, prioritize tasks, organize work flows, and set realistic goals. d. Coordination: Proactively seeks out needed information in order to complete work. 										
CUSTOMER-ORIEN	ITED		WEIGHT:							

- a. Clarity: Actively listens to determine the most effective way to address customer needs and concerns.
- b. **Awareness:** Shows a solid understanding of customer needs, seeks out customer input to better understand needs, and develops ideas to meet those needs.
- c. **Attentiveness:** Follows through on commitments, despite time pressures or obstacles, and listens for and timely responds to customer requests.
- d. **Diplomacy:** Maintains a professional and respectful tone and exhibits diplomacy when dealing with frustrated individuals or during sensitive or confrontational situations.





ENGAGE • PERFORM • DEVELOP • RETAIN									
ANNUAL PERFORMANCE APPRAISAL CYCLE (Dates From/To): to									
Dept. Name:	Employee Name:								
Dept. #:	Employee ID:	Position #:							
Supervisor Name:	Employee Classification:								
Supervisor Title:	Competency Level:								
TEAM-ORIENTED		WEIGHT:							
 a. Collegiality: Communicates and engages directly, clearly, and tactfully with colleagues. b. Collaboration: Provides feedback and healthy dialogue on performance and operational issues, as requested. Willingly adapts to change and adheres to decided actions. c. Contribution: Makes decisions with others in mind, and willingly performs additional duties when team members are absent, during times of increased workload, or as otherwise required by management to meet business needs. d. Attendance: Absences are infrequent and do not place an undue burden on supervisor or colleagues. 									
COMPLIANCE & INTEGRITY		WEIGHT:							
 a. Compliance: Complies with University personnel personn	y of records. the position, including success re, avoids situations considere ble for ethical decisions, and	oful completion of training and proper ed inappropriate or that present a addresses unethical actions directly.							
LEADERSHIP (for supervisors)		WEIGHT:							
 a. Oversight: Provides adequate stewardship of assign. b. Goal-Setting: Provides clear objectives that foster. c. Talent Management: Provides candid, timely, and appropriately balances positive and negative mess. d. Leading: Serves as role model. Engenders trust, contains a server of the contains and the contains a server of the contains and the contains a server of the contains a s	work unit development and a l constructive feedback on per sages. ommitment, and civility.	align with University values and goals.							
		(should equal 50)							



	ANNUAL PERFORMANCE APPRAIS	SAL CYCLE (Dates From/To):	to	
Dept. Name:		Employee Name:		
Dept. #:		Employee ID:	Position #:	
Supervisor Name:		Employee Classification:		
Supervisor Title:		Competency Level:		
INDIVIDUAL GOAL	S		(See Section III in Perfo	ormance Guide)
	als for each employee based on key b I an individual goal-setting worksheet		als. Weight each goal.	
GOAL #1 Title:			WEIGH	т:
Description:				
GOAL #2 Title:			WEIGH	Т:
Description:				



	ANNUAL PERFORMANCE APPRAISA	L CYCLE (Dates From/To):	to	
Dept. Name:		Employee Name:		
Dept. #:		Employee ID:	Position #:	
Supervisor Name:	E	mployee Classification:		
Supervisor Title:		Competency Level:		
GOAL #3 Title:			WEIGHT	:
Description:				
COAL #4 Tibles			WEIGHT	
GOAL #4 Title:			WEIGHT	•
Description:				
GOAL #5 Title:			WEIGHT	:
Description:				
		las	dividual Goals Total Weight	
		ini	should equal 50)	·)





ANNUAL PERFORMANCE APPRAISAL CYCLE (Dates From/To):							to		
Dept. Name:			Emp	oloyee Name:					
Dept. #:				Employee ID:		Pos	sition #	÷:	
Supervisor Name:		Emplo	yee (Classification:					
Supervisor Title:		C	Comp	etency Level:					
TALENT DEVELOP	MENT PLAN				(See	Section I\	/ in Per	formance (Guide)
At the beginning of the performance cycle, the supervisor should discuss development opportunities with the employee and list below any development activities established for the current cycle. Include resources that will be provided to the employee and indicate deadlines as needed. Progress under the talent development plan should be discussed periodically during the cycle with the employee. Click here to download a talent development planning worksheet (optional).									
SIGNATURES FOR	PERFORMANCE PLAN				(Se	e Section	I in Per	formance (Guide)
2 nd – Level Supervisor:						Date:			
Supervisor:						Date:			
	gement: I acknowledge that I have rec dditional comments to include with th			formance plan a	ind that if			x if you are omments.)	
Employee:						Date:			





ENGAGE • PERFORM • DEVELOP • R	ETAIN				••
	ANNUAL PERFORMA	ANCF APPRAISAL CY	CLF (Dates From/To):		0
Dept. Name:			Employee Name:		
Dept. #:			Employee ID:	Positi	ion #·
Supervisor Name:		Fmple	oyee Classification:	1 001	
Supervisor Title:			Competency Level:		
•			,		
PART 2: OFF-CYCL					n Performance Guide)
employee progress; a	minimum of one interi	m review is required fo	r each employee. Prob	re quarterly talent conv ationary reviews are re or additional performan	quired quarterly
Date of Review	Interim	Probationary	Other	Supervisor Initials	Employee Initials
Comments:			I		
Date of Review	Interim	Probationary	Other	Supervisor Initials	Employee Initials
Comments:					
Date of Review	Interim	Probationary	Other	Supervisor Initials	Employee Initials
Date of Review	niteriili	i i obational y	Other	Supervisor illitials	Employee initials
0-					
Comments:					



	ANNUAL PERFORMANCE APPRAI		to	
Dept. Name:		Employee Name:		
Dept. #:		Employee ID:	Pos	sition #:
Supervisor Name:		Employee Classification:		
Supervisor Title:		Competency Level:		

PART 3: ANNUAL PERFORMANCE APPRAISAL

(See Section V in Performance Guide)

- Rate each Individual and Institutional Goal.
 - 1 = Not Meeting Expectations
 - 2 = Meeting Expectations
 - 3 = Exceeding Expectations
- The form will multiply the **Weight** by the **Rating** to get the **Score** for each goal using two decimal places.
- The form will add all of the **Scores** together to assign a **Final Overall Rating**.
 - 1.00 to 1.69 = Not Meeting Expectations
 - 1.70 to 2.69 = Meeting Expectations
 - 2.70 to 3.00 = Exceeding Expectations
- Provide comments and signatures on the next page.

#	INSTITUTIONAL GOALS	(see descriptions in performance plan)	Rating	х	Weight	-	Score
1	Expertise			х		=	
2	Accountability			х		11	
3	Customer-Oriented			х		II	
4	Team-Oriented			х		=	
5	Compliance & Integrity			х		=	
6	Leadership (if applicable)			х		11	

#	INDIVIDUAL GOALS	(title only from performance plan)	Rating	х	Weight	=	Score
1				x		=	
2				X		=	
3				х			
4				х			
5				х		=	

FINAL OVERALL RATING	(mark the	ark the appropriate rating based on total score) TOTAL SCORE					=	
Has the employee received a disciplinary action during this performance cycle or received any rating								
of 1 (Not Meeting Expectations) on this appraisal? If <u>YES</u> , then the final overall rating <u>cannot</u> equal Exceeding Expectations, regardless of the total score.							NO	
NOT MEETING EXPECTATIONS		ME EXPECTA	ETING		EXCEET EXPECTATI			
OR: Employee was NOT evaluated due to			le suff	icient Time		On Extende	d 1 000	





		to		
Dept. Name:	Employee Name:			
Dept. #:	Employee ID:	Posi	ition #:	
Supervisor Name:	Employee Classification:			
Supervisor Title:	Competency Level:			
SUPERVISOR CO	MMENTS ON EMPLOYEE'S PERFORMANCE			
SIGNATURES FO	PR ANNUAL PERFORMANCE APPRAISAL			
2 nd – Level				
Supervisor:		Date:		
Supervisor:		Date:		
Date of	Annual Performance Appraisal Review Session with Employee:			
		nual	(Check here if	
performance appraisa	Igement: I understand my signature below indicates: that I have received this ar al, that my signature does not necessarily imply my agreement with the ratings g ed, and that if I choose, I may write a response to include with this appraisal doc	given or	you are attaching comments.)	
Employee:		Date:		

APPEAL RIGHTS

For information on applicable appeal rights, please refer to the <u>University System SHRA Employee Grievance Policy</u>.

