**Hourly Performance Review**

**Year: 2018**

Employee Name: Click here to enter text.

Supervisor Name: Click here to enter text.

Department: Click here to enter text.

Position: Click here to enter text.

Employee College ID#:  Click here to enter text.

Supervisor College ID#: Click here to enter text.

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|  **Performance Ratings for the Year** |
| **Competency Areas** | **Unacceptable** | **Needs Improvement** | **Good** **Solid** **Performance** | **Outstanding** | **Examples, Comments and Suggestions for Improvement** |
| **Job Knowledge***Understands job objectives, duties and job responsibilities.* |[ ] [ ] [ ] [ ]   |
| **Technical Knowledge***Show proficiency in methods, techniques, and equipment necessary to accomplish work.* |[ ] [ ] [ ] [ ]   |
| **Quality of Work***Sets work standards and achieves results that are accurate, thorough, dependable and useful.* |[ ] [ ] [ ] [ ]   |
| **Decision-Making***Analyzes facts and situations prior to initiating action and problem-solving.* |[ ] [ ] [ ] [ ]   |
| **Initiative***Handles unforeseen difficulties successfully, develops new ideas and does not require close supervision.* |[ ] [ ] [ ] [ ]   |
| **Diversity/Inclusion***Advocates and embraces an inclusive and culturally competent workplace.* | ☐ | ☐ | ☐ | ☐ |  |
| **Communication***Communicates with appropriate tone, clarity, and timelines. (Both oral and written communication).* | ☐ | ☐ | ☐ | ☐ |  |
| **Customer Service***Acts as an ambassador for the college with internal and external customers.* |[ ] [ ] [ ] [ ]   |
| **Attitude/Teamwork***Contributes to positive and productive workplace relationships. Courteous, flexible and cooperative.* |[ ] [ ] [ ] [ ]   |
| **Dependability***Fulfills responsibilities and commitments and can be counted on to carry out instruction.* |[ ] [ ] [ ] [ ]   |
| **Time Mgmt./Attendance***On time or early to worksite. Prioritizes responsibilities and uses time wisely.* |[ ] [ ] [ ] [ ]   |
| **Safety/Policy***Completes work in a safe way and follows all college and departmental policies and safety rules.* |[ ] [ ] [ ] [ ]   |
| **Other (Job Specific)** |[ ] [ ] [ ] [ ]   |
| **Other (Job Specific)** |[ ] [ ] [ ] [ ]   |
| Overall Performance for the Year |
| ***Evaluate how well the employee achieved the previous year’s goals and objectives. Include employee’s contributions and achievements.***Click here to enter text. |
| Final Review Signatures |
| Employee Signature | Date |
| Supervisor Signature | Date |
| VP or Department Head Signature | Date |
| Employee Comments (additional sheet may be attached if needed) |
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*Final* signed *copy should be routed to the VP/Dept. Head for signature and then HR for inclusion in the employee’s file.*