

## Performance Evaluation Form for Employees in Managerial/Supervisory Classifications

To Supervisors:

This form is authorized for the evaluation of employees in managerial/supervisory classifications at salary grade 15 and above.

It is suggested that you make a copy of this form and use the copy as a working draft for discussion with your immediate supervisor. Upon agreement with your supervisor regarding the content of the working copy, please transfer the evaluation information to this form. Use additional sheets for comments as required. On each additional sheet, please note the name and social security number of the staff member being evaluated and date and number each sheet. Working copies should be destroyed or kept in a secure location. Specific "from...to" dates for the evaluation must be entered in the PERIOD COVERED area located at the bottom of this page.

As a complement to this form, it is strongly recommended that supervisors ask staff members to concurrently complete the Self-Evaluation Form for Employees in Managerial/Supervisory Classifications and to bring the completed forms at a designated time for review and discussion along with discussion of this performance evaluation form. While use of the self-evaluation form by supervisors and/or staff members is optional, its use is suggested as a tool to stimulate constructive dialogue regarding work performance. Participation in self-evaluation is intended to ensure the involvement of employees in their own evaluation process, to help establish directions for future activities and to assist in continuous improvement of the quality of services.

Name of Staff Member: \_\_\_\_\_

Social Security Number of Staff Member: \_\_\_\_\_

Classified Title: \_\_\_\_\_

Department Code and Account Number: \_\_\_\_\_

Grant or Contract Number: \_\_\_\_\_

Date of Employment with the University (EOD): \_\_\_\_\_

Length of Service in Present Position (if different than EOD): \_\_\_\_\_

Length of Service Under Your Supervisor: \_\_\_\_\_

**Please place a check (✓) next to the appropriate evaluation type.**

### TYPE OF EVALUATION

- Annual Performance Review (To be forwarded to the Staffing and Compensation Services, 2033 K Street, NW #210)
- Successful Completion of Initial Employment Probation Period (To be forwarded to the Records & Data Management Division, 2033 K Street, NW #210)
- Successful Completion of Transfer Probation (To be forwarded to the Records & Data Management Division, 2033 K Street, NW #210)
- Extension of Probation Period (To be forwarded to the Employee Relations Division, 2033 K Street, NW #210)
- Beginning Probation for Poor Work Performance/Habits (To be forwarded to the Employee Relations Division, 2033 K Street, NW #210)
- Successful Completion of Probation for Poor Work Performance/Habits (To be forwarded to the Employee Relations Division, 2033 K Street, NW #210)
- Dismissal (To be forwarded to the Employee Relations Division, 2033 K Street, NW #210)
- Other (please specify)

PERIOD COVERED: FROM \_\_\_\_\_ TO \_\_\_\_\_  
(date) (date)



**Customer Service/Quality Management:** success in providing courteous and efficient service to customers in a timely manner; understanding and application of quality management principles.

**Successes:**

**Areas For Improvement:**

- |   |                                      |                                    |   |   |
|---|--------------------------------------|------------------------------------|---|---|
| <input type="checkbox"/> Superior Accomplishments | <input type="checkbox"/> Commendable | <input type="checkbox"/> Competent | <input type="checkbox"/> Requires Improvement | <input type="checkbox"/> Unsatisfactory |
|---|--------------------------------------|------------------------------------|---|---|

**Initiative/Innovation/Adaptability:** willingness to assume additional responsibilities; to develop and/or pursue alternate/new concepts to facilitate the achievement of unit goals; and to acclimate to new situations and contingencies.

**Successes:**

**Areas For Improvement:**

- |   |                                      |                                    |   |   |
|---|--------------------------------------|------------------------------------|---|---|
| <input type="checkbox"/> Superior Accomplishments | <input type="checkbox"/> Commendable | <input type="checkbox"/> Competent | <input type="checkbox"/> Requires Improvement | <input type="checkbox"/> Unsatisfactory |
|---|--------------------------------------|------------------------------------|---|---|

**Institutional/Community/Professional Relations:** success in fostering positive relationships and teamwork between University/Medical Center departments in order to meet organizational objectives and acting as a representative of the University to external parties.

**Successes:**

**Areas For Improvement:**

Superior Accomplishments

Commendable

Competent

Requires Improvement

Unsatisfactory

**Planning/Decision Making:** success in setting priorities; analyzing, organizing, and forecasting unit functions; and rendering competent decisions to achieve unit goals.

**Successes:**

**Areas For Improvement:**

Superior Accomplishments

Commendable

Competent

Requires Improvement

Unsatisfactory

**Productivity:** success in achieving objectives relative to quality and quantity of products/services.

**Successes:**

**Areas For Improvement:**

- |   |                                      |                                    |   |   |
|---|--------------------------------------|------------------------------------|---|---|
| <input type="checkbox"/> Superior Accomplishments | <input type="checkbox"/> Commendable | <input type="checkbox"/> Competent | <input type="checkbox"/> Requires Improvement | <input type="checkbox"/> Unsatisfactory |
|---|--------------------------------------|------------------------------------|---|---|

**Resource/Fiscal Management:** success in maximizing the utilization of available staff, budget, technology, and space.

**Successes:**

**Areas For Improvement:**

- |   |                                      |                                    |   |   |
|---|--------------------------------------|------------------------------------|---|---|
| <input type="checkbox"/> Superior Accomplishments | <input type="checkbox"/> Commendable | <input type="checkbox"/> Competent | <input type="checkbox"/> Requires Improvement | <input type="checkbox"/> Unsatisfactory |
|---|--------------------------------------|------------------------------------|---|---|

**Staff Development/Leadership:** success in training, developing, motivating, and maximizing the knowledge and skills of subordinates in the accomplishment of unit and/or individual staff objectives.

**Successes:**

**Areas For Improvement:**

Superior Accomplishments

Commendable

Competent

Requires Improvement

Unsatisfactory

**Overall Individual Performance:** individual contribution to overall mission.

**Successes:**

**Areas For Improvement:**

Superior Accomplishments

Commendable

Competent

Requires Improvement

Unsatisfactory



**C. Performance Improvement Plan** - Please identify specific measures and corresponding time frames that will improve performance. Please include University-sponsored training programs, as well as other educational or skills training opportunities which could assist in developing work performance.

**D. Staff Member's Comments**

This evaluation was discussed with me on \_\_\_\_\_.  
(date)

I believe this is a fair and objective evaluation.     I do not agree with this evaluation for the following reasons:

Comments:

**E. Ethical Principle Statement**

I have read and understand The George Washington University Statement of Ethical Principles.  
(<http://www.gwu.edu/~comply/general/general.html>)

Staff Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature/Title \_\_\_\_\_ Date: \_\_\_\_\_

Reviewers Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please provide a copy of this evaluation to the staff member after all signatures have been obtained.**