



Part-Time Support Performance Review Form

Select Applicable Review:

Probationary

Post-Probationary

Ad Hoc

| | |
|-----------------------------------|--|
| Employee's Name | |
| Employee's Banner ID | |
| Employee's Job Title | |
| Supervisor's Name | |
| Position Number | |
| Date Started in Position | |
| Date of Evaluation Meeting | |

Performance Characteristics

For each characteristic, circle the appropriate rating code and comment where appropriate.

- 1 - Unsatisfactory
- 3 - Satisfactory
- 5 - Outstanding

- 2 - Needs Improvement
- 4 - Very Good
- NA - Not Applicable

Note - Performance reviews for probationary members will be conducted within the first four months of entry into the bargaining unit or from start in a part-time role. Employees will complete and submit a self-assessment at least one week prior to the performance review meeting with the Administrative Supervisor. An Administrative Supervisor may include a formal workplace observation, following discussion with the employee. Such observations will be scheduled in advance. Ad hoc performance reviews may be conducted any time significantly weak or unsatisfactory performance is detected, in accordance with Article VII. of the PTCTU Collective Bargaining Agreement.

| Task | Self- Evaluation | Supervisor Evaluation | Comments |
|--|-------------------------|------------------------------|-----------------|
| 1. Job Knowledge: Demonstrates knowledge and skills to properly do the job | Select one: | Select one: | |
| 2. Quality of Work: Exhibits accuracy, high quality, and thoroughness. | Select one: | Select one: | |
| 3. Productivity: Maintains output consistent with the expectations of the position. | Select one: | Select one: | |

| | | | |
|---|-------------|-------------|--|
| <p>4. Time Management/Planning: Demonstrates ability to meet deadlines and set priorities.</p> | Select one: | Select one: | |
| <p>5. Responsibility: Carries out assignments in a prompt and consistent manner.</p> | Select one: | Select one: | |
| <p>6. Initiative: Acts independently; is able to anticipate what needs to be done.</p> | Select one: | Select one: | |
| <p>7. Attendance: Maintains a regular and punctual work schedule, excluding approved leaves.</p> | Select one: | Select one: | |

| | | | |
|---|-------------|-------------|--|
| 8. Verbal Communication: Exhibits ability to communicate effectively. | Select one: | Select one: | |
| 9. Written Communication: Exhibits ability to write communications which are clear, concise, and complete. | Select one: | Select one: | |
| 10. Ability to Work with Others: Maintains a helpful, positive, and knowledgeable attitude. | Select one: | Select one: | |
| Overall Performance *Completed by Supervisor only | | Select one: | |

Specific Objectives:

If needed, list the program assisting the employee in achieving the potential improvements and the timetable, including follow-up:

Are additional Supervisor comments attached?

Are additional Employee comments attached?

***Print to sign**

Employee Signature:

Date:

Supervisor Signature:

Date:

Next Level Supervisor Signature:

Date:

Please provide completed, signed copies to Employee, Supervisor, and Next Level Supervisor. Send original to Human Resources for placement in Employee's official employment file.