



Staff Annual Performance Appraisal

Employee:	
Date of Hire:	Job Title:
Supervisor:	Department:

Performance Appraisals are conducted to: measure job performance; improve communication between employees and supervisors; and improve the quality of work.

Ratings

3	Exceeds Expectations	Consistent high overall performance. Routinely goes beyond what is expected to surpass expectations.
2	Meets Expectations	Proficient in the job function. Fully meets all of performance standards relevant to the position.
1	Needs Improvement	Fails to perform the job at an acceptable level. Does not meet minimum requirements.

		Exceeds	Meets	Needs Improvement
Job Responsibilities:	Demonstrated by:			
Job Knowledge	Understanding and executing all principal accountabilities of the job (as found on the position description).			
Quantity/Quality of Work	Properly completing work assignments within an appropriate amount of time.			
Comments:				

		Exceeds	Meets	Needs Improvement
Competency:	Evidenced by:			
Accountability	Contributing to the effectiveness and efficiency of the department and taking ownership for assignments and productivity.			
Collaboration	Fostering positive working relationships in a diverse workplace and developing positive rapport with co-workers, students, customers, and visitors.			
Communication	Sharing necessary information with the appropriate audience in a professional manner. Expressing opinions in a respectful manner and delivering criticism with sensitivity to others' feelings.			
Customer Focus	Meeting internal and external customers' needs; improving customer satisfaction and finding opportunities to better serve customers.			
Flexibility	Adjusting easily to new ideas, programs, systems, and/or structures. Appreciating and adopting different approaches to accomplish work activities.			
Initiative	Recognizing opportunities for improvement and doing more than is required or expected to enhance services.			
Problem Solving	Identifying and addressing concerns and/or opportunities for improvement. Developing logical, evidence-based solutions. Making sound decisions and taking appropriate actions to mitigate issues.			
Results Focused	Demonstrating commitment to continuous improvement and motivation to achieve excellence and surpass objectives.			
Safety	Adhering to safety guidelines and maintaining a work environment free from hazards and potentially unsafe conditions.			

Select 2 additional

Competencies:

Demonstrated by:

Competency 1:				
Competency 2:				
Comments:				

Average Score of Job Responsibilities and Competencies

Evaluation of Last Year's Goals

Exceeds Expectations	3	2.5
Meet Expectations	2.4	2.0
Needs Improvement	1.9 and below	

Goal (s) for next year:

Areas of Excellence:

Development Opportunities:

Supervisor's Comments:

Employee's Comments:

Employee: _____ Date: _____

Your signature indicates that the appraisal was reviewed and discussed with you.

Supervisor: _____ Date: _____

Next Level Manager: _____ Date: _____

Human Resources: _____ Date: _____

Code of Ethics – Policy Acknowledgement

This is to acknowledge that I have been provided with a copy of the Wilkes University Code of Ethics Policy. I attest that I have read and understand said policy and agree to comply with all stated principles and responsibilities.

Employee Signature

Date

Employee Confidentiality Agreement

As a Wilkes University employee, I understand that as part of my job responsibilities, I may have access to confidential, financial, proprietary or personal information regarding faculty, employees, students, applicants, parents, alumni, vendors, suppliers and the University in general.

I hereby affirm that I will not in any way access, use, remove, disclose, copy, release, sell, loan, alter or destroy any confidential information except as required within the scope of my official University job responsibilities. As an employee, I must comply with applicable local, state and federal laws and University policies. I will protect the security of all confidential information.

I understand that I am responsible for my misuse or unauthorized disclosure of confidential information, including the failure to safeguard my passwords or devices. My obligations under this Agreement are effective as of this day and will continue after my employment with Wilkes University ends. I acknowledge that I have received, read and understand Wilkes University’s Confidentiality policy. I am aware that any violation of the Confidentiality policy will result in discipline, up to and including termination of employment and legal action according to the appropriate local, state and federal laws.

Employee Signature

Date

Conflict of Interest – Policy Acknowledgment

I have read and familiarized myself with the University’s Conflict of Interest Policy. I certify that I am not, and have no affiliation with, an existing or anticipated vendor to, or recipient of grants, goods or services from, the University and have no information to report, except (please check the box if you have no information to disclose):

No information to disclose

Employee Signature

Date