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| **ANNUAL PERFORMANCE REVIEW TOOL** | | | |
| **Review Period:** | | **July 1, 2021 – June 30, 2022** | |
| **Employee Information** | | | |
| Enter the identification information for the employee. | | | |
| Employee ID: |  | | |
| Employee Name: |  | | |
| Job Title: |  | | |
| Department: |  | | |
| Supervisor's ID: |  | | |
| Supervisor's Name: |  | | |
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**SECTION I – MAJOR RESPONSIBILITIES**

*Instructions:*

**Part A – Major responsibilities to be performed:** At the beginning of the review period, use this section to list the employee's major job responsibilities. For planning purposes, enter the estimated percentage of work time to be devoted to each major responsibility. ***IMPORTANT*** -- Estimated percentage of work time for each major responsibility should equal **20%** or more. Percentage of *total work time* MUST equal 100%; it cannot exceed or be less than 100%.

**Part B – Objectives to be achieved:** At the beginning of the review period, enter the objectives to be achieved for this major responsibility. Include measurable data and expected deadlines when appropriate.

**Part C – Assessment of overall performance of major responsibilities:** At the end of the review period, the supervisor should select the rating to indicate whether the employee's performance of each major responsibility “does not meet expectations”, "meets expectations", or "exceeds

expectations".

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|  | **PART A** | | **PART B** | **PART C** |
|  | **Percentage of estimated work time** | **Major Responsibilities** | **Objectives to be Achieved** | **Click box to choose appropriate rating for each major responsibility**  Choose an item. |
| Major Responsibility 1 |  | TYPE MAJOR RESPONSIBILITY HERE. | TYPE OBJECTIVES TO BE ACHIEVED HERE. | Choose an item. |
| Major Responsibility 2 |  | TYPE MAJOR RESPONSIBILITY HERE. | TYPE OBJECTIVES TO BE ACHIEVED HERE. | Choose an item. |
| Major Responsibility 3 |  | TYPE MAJOR RESPONSIBILITY HERE. | TYPE OBJECTIVES TO BE ACHIEVED HERE. | Choose an item. |
| Major Responsibility 4 |  | TYPE MAJOR RESPONSIBILITY HERE. | TYPE OBJECTIVES TO BE ACHIEVED HERE. | Choose an item. |
| Major Responsibility 5 |  | TYPE MAJOR RESPONSIBILITY HERE. | TYPE OBJECTIVES TO BE ACHIEVED HERE. | Choose an item. |
| **Total Percentage** | **0** |  |  |  |

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| **Section II: Expected Behaviors** | | |
| The University of Akron expects certain behaviors from all employees. These 16 expected behaviors are listed below. At the end of the evaluation period, the supervisor indicates whether or not the employee demonstrated these behaviors. If any of the expected behaviors are identified as “Development Needed”, the supervisor and employee must identify a plan to improve the behavior. | | |
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|  |  | **Transparency and Trust** |
| Choose an item. | 1 | Communicate in a direct, professional and honest manner |
| Choose an item. | 2 | Be open to feedback |
| Choose an item. | 3 | Be respectful of guidelines, policies, procedures, and confidentiality |
| Choose an item. | 4 | Be willing to listen to others' views |
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|  |  | **Problem Solving** |
| Choose an item. | 5 | Be sensitive to different perspectives |
| Choose an item. | 6 | Commit to team objectives and respect decision-making structure, even when holding a dissenting viewpoint |
| Choose an item. | 7 | Resolve conflict constructively, with or without assistance |
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|  |  | **Inclusive Excellence** |
| Choose an item. | 8 | Be respectful of different interpersonal, leadership, work styles and lifestyles |
| Choose an item. | 9 | Be appreciative of the contributions of other members of the community |
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|  |  | **Shared Leadership** (Includes service on University Council, SEAC and CPAC) |
| Choose an item. | 10 | Set priorities and align individual goals with group's goals in support of the institution's mission and vision |
| Choose an item. | 11 | Willingly share ideas and provide assistance to others |
| Choose an item. | 12 | Take responsibility for decisions and consequences |
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|  |  | **Team Based Effort** |
| Choose an item. | 13 | Take ownership of team goals and work towards accomplishing them |
| Choose an item. | 14 | Take action that reflects an organizational perspective rather than a personal agenda |
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|  |  | **Innovation** |
| Choose an item. | 15 | Anticipate and make the necessary changes to meet department and University goals |
| Choose an item. | 16 | Identify new techniques, technologies, or processes to improve institutional effectiveness |
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| In the space below, employees and supervisors can provide feedback on scores above, and identify a plan to improve any behaviors identified as “Development Needed.” This space can also be utilized to recognize significant achievement/contributions. For example service on University Council, SEAC or CPAC. | | |

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| **Section III: Professional Development Plan** |
| Identify any experience or learning opportunities that will support the employee’s professional development and high performance.  For example:   1. Take a credit or non-credit course. 2. Attend a seminar in the community. 3. Use research to develop process improvements. 4. Attend meetings to become more familiar with community partners. 5. Cross train with others to gain increased knowledge in technical areas within the unit. 6. Shared Leadership – serve as a member of University Council, SEAC and/or CPAC. |
| Use space below to list Professional Development Opportunities. |
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| **Section IV: Overall Rating and Summative Comments** | | | | | |
| **Overall Rating of Section I** | **Number of Major Responsibilities Receiving Rating** | **Percentage of Major Responsibilities** |  |  |  |
| Exceeds Expectations |  |  | Date Planning Session Completed: |  |
| Meets Expectations |  |  |  | Date Mid-year Progress Check-in completed: |  |
| Does Not Meet Expectations |  |  |  |  |

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| **Supervisor** | |
| Summative/Additional Comments: | |
| Supervisor Signature: | Date: |

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| **Employee** | |
| Summative/Additional Comments: | |
| I agree with my supervisor’s review of my performance.  I do not agree with my supervisor’s review of my performance. *Explain why above or attach additional documentation.* | |
| I understand that my signature reflects that my supervisor and I have reviewed this document together.  Employee Signature: | Date: |

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| **Reviewed by Second Level Supervisor** | |
| Next Level Supervisor Signature: | Date: |

**SEND ORIGINAL COMPLETED FORM TO HUMAN RESOURCES +4732.**

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| **FOR HUMAN RESOURCES USE ONLY** | |
| Reviewed by/Date: | Updated in system: |