Oregon University System

PERFORMANCE APPRAISAL
For Employees in Classified Information Technology Positions Represented by the Oregon Public Employees Union

TO THE SUPERVISOR: Do not attempt to complete this evaluation form until you have read and understood the instructions for Completing A Performance Appraisal.

SECTION ONE: EMPLOYEE INFORMATION

EMPLOYEE NAME: (First and last)

DEPARTMENT:

CLASSIFICATION TITLE:

CLASSIFICATION NUMBER:

COMPETENCY LEVEL: (Check one) Level One    Level Two     Level Three

POSITION NUMBER:

EVALUATION PERIOD: Beginning Date:

SALARY ELIGIBILITY DATE:

SALARY: (Check one) At or Below Control Point   Above Control Point

RATING: (Check one) Trial Service   Annual    Special Merit
SECTION TWO: COMPETENCIES

TECHNICAL KNOWLEDGE

**Performance Standard:** Provide PL/SQL & PHP programming support. Integration with O/S systems, Banner and custom programming will likely be required.

**Rating:** (Check one)
- Consistently Exceeds Standards
- Meets Standards
- Does Not Fully Meet Standards

**Comments:**

WORK COORDINATION

**Performance Standard:** Prioritization - prioritizes in line with organizational priorities. Cooperation - works effectively with other depts, and individuals.

**Rating:** (Check One)
- Consistently Exceeds Standards
- Meets Standards
- Does Not Fully Meet Standards

**Comments:**

PROBLEM SOLVING/ PREVENTION

**Performance Standard:** Evaluates ad-hoc technical problems and solves them effectively. Participates in developing alternatives and evaluates them. Participates in effective planning for future appropriate responses to emergency situations.

**Rating:** (Check One)
- Consistently Exceeds Standards
- Meets Standards
- Does Not Fully Meet Standards

**Comments:**
COMMUNICATION & SERVICE

Performance Standard: Works regular hours or as needed depending on task.

Rating:  (Check One)
Consistently Exceeds Standards
Meets Standards
Does Not Fully Meet Standards

Comments:

ACCOUNTABILITY

Performance Standard: Responsibility - accepts responsibility for actions.

Rating:  (Check One)
Consistently Exceeds Standards
Meets Standards
Does Not Fully Meet Standards

Comments:

SECTION THREE: PERFORMANCE OBJECTIVES

OBJECTIVE #1:

Performance Standard:

Weight:  (Check One)  Critical  Major  Secondary

Results:

Rating:  (Check One)
Consistently Exceeds Standards
Meets Standards
Does Not Fully Meet Standards

Comments:
OBJECTIVE #2:

Performance Standard:

Weight: (Check One) Critical  Major  Secondary

Results:

Rating: (Check One)
Consistently Exceeds Standards
Meets Standards
Does Not Fully Meet Standards

Comments:

OBJECTIVE #3:

Performance Standard:

Weight: (Check One) Critical  Major  Secondary

Results:

Rating: (Check One)
Consistently Exceeds Standards
Meets Standards
Does Not Fully Meet Standards

Comments:

OBJECTIVE #4:

Performance Standard:

Weight: (Check One) Critical  Major  Secondary

Results:

Rating: (Check One)
OBJECTIVE #5:

Performance Standard:

Weight: (Check One) Critical Major Secondary

Results:

Rating: (Check One)
Consistently Exceeds Standards
Meets Standards
Does Not Fully Meet Standards

Comments:

OBJECTIVE #6:

Performance Standard:

Weight: (Check One) Critical Major Secondary

Results:

Rating: (Check One)
Consistently Exceeds Standards
Meets Standards
Does Not Fully Meet Standards

Comments:

OBJECTIVE #7:

Performance Standard:

Weight: (Check One) Critical Major Secondary
Results:

Rating: (Check One)
Consistently Exceeds Standards
Meets Standards
Does Not Fully Meet Standards

Comments:

DISCUSSION OF HOW WORK WAS PERFORMED:

UNPLANNED ACCOMPLISHMENTS:

SECTION FOUR: SUMMARY

SUMMARY RATING: (Check one)
Consistently Exceeds Standards
Meets Standards
Does Not Fully Meet Standards

COMMENTARY SUPPORTING SUMMARY RATING:

SECTION FIVE: SIGNATURES

RATING PERFORMED BY:

Supervisor’s Signature __________________________ Date ___________

RATING REVIEWED BY: (Optional)

Signature __________________________________________ Date ___________

REVIEWER’S COMMENTS:
Employee’s signature is required only to indicate that the employee has read the performance appraisal.

Employee Signature ___________________________________________________________________ Date ___________

EMPLOYEE COMMENTS:

____________________________________________________________________________________

APPOINTING AUTHORITY:

Signature ___________________________________________________________________________ Date ____________