

WESTERN OREGON UNIVERSITY

REPORT OF PERFORMANCE APPRAISAL

Name of Employee: _____ University ID Number: _____

Class Number and Title: _____ Work Unit: _____

Report Period From: _____ To: _____ Rating for (check one) ___ Trial Service ___ Annual

- 1 **EVALUATION OF WORK PERFORMED:** Evaluate employee's performance during the appraisal period of the duties listed on the position description. Completion of this section is mandatory.

 - 2 **BEHAVIORAL FACTORS EVALUATION:**

 - 3 **EMPLOYEE DEVELOPMENT EXPERIENCES:** Evaluate the results of employee development experiences during the appraisal period for increasing effectiveness in present position or for future development.

 - 4 **DEFICIENT PERFORMANCE:** Describe employees failure to overcome performance or conduct during the appraisal period.
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Employee Date

Supervisor Date

Employee's signature is required only to indicate that the employee has read the performance appraisal.

Reviewer Date

Appointing Authority Date