



## MANAGER PERFORMANCE MANAGEMENT AND DEVELOPMENT INSTRUMENT

Name:	University Personnel #:
Position Title/Department:	Supervisor:
Division:	Supervisor/Title:
Period Covered From: _____ To: _____	Date of Review:

### PART I: CORE PERFORMANCE FACTORS

Employee completes self evaluation and returns completed document to their manager. Manager evaluates the employee's proficiency in the following performance factors using the rating scale below. Assign a value between 1 and 5. **N/A should be used if the performance factor is not relevant for the position being evaluated.** The reviewer's signature should be obtained prior to discussion of the evaluation with employee being evaluated.

**5 = Leading Performance**

**4 = Strong Performance**

**3 = Solid Performance**

**2 = Building Performance**

**1 = Not Meeting Expectations**

**N/A = NOT Applicable**

PERFORMANCE CATEGORY	EMPLOYEE	RATER
Job Knowledge	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Quality of Work	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Leadership Skills	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Effective Resource Management (Human and Fiscal)	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Planning & Strategic Skills	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Communication/Listening Skills	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Organizational Skills	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Professionalism	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Teamwork	1 2 3 4 5 N/A	1 2 3 4 5 N/A
Critical Thinking	1 2 3 4 5 N/A	1 2 3 4 5 N/A

## PART II: SUMMARY OF MY OVERALL PERFORMANCE

*The space below is provided for a narrative summary of the manager's self-assessment of performance over the period being evaluated.*

Remarks:

## PART III: OVERALL PERFORMANCE RATING

### Overall Rating (1-5):

Remarks:

## PART IV: SIGNATURES

*The manager and immediate supervisor are required to sign the instrument after completing it and concluding the performance interview. The manager is only attesting to having been afforded the opportunity to review the evaluation and discuss the evaluations the immediate supervisor. The manager's signature does not necessarily indicate that the manager agrees with the superior's measurement of the manager's performance. Employee comments are optional.*

Rater's Signature:

Date:

Reviewer's Signature:

Date:

Employee's Signature:

Date:

Employee Comments:

I would like to discuss this report with the Reviewing Officer: ☐ Yes ☐ No

As requested, Reviewing Officer discussed report.

Date Discussed:

Reviewing Officer's Signature:

Date: