

Purdue Staff Evaluations

WORKBOOK

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Purdue University

Purdue Staff Evaluations

Department of Leadership and Organizational Development

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Performance Planning Worksheet

Staff Member's Name:

Position Title:

Performance Period – From: To:

Section One: Identify Key Position Specific Goals

Key Performance Goals	Performance Measures:	Required Knowledge	Priority
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Section Two: Area or Departmental Competencies (All Staff)

Key Performance Goals	Performance Measures:	Required Knowledge
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Section Three: Area or Departmental Competencies (Supervisors / Managers Only)

Key Performance Goals	Performance Measures:	Required Knowledge
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Section Four: Individualized Development Plan

List Development Goals	Time Period	Staff Development Scorecard		
		Current Role	Future Role	Staff Interest
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Staff Member's Signature _____

Date: _____

Supervisor's Signature _____

Date: _____

Performance Update Worksheet

Staff Member's Name:

Position Title:

Performance Period – From:

To:

Section One: Identify Key Position Specific Goals

Key Performance Goals	Accomplishments
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Section Two: Area or Department Competencies (All Staff)

Key Performance Goals	Performance Updates
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

9.	
10.	

Section Three: Area or Departmental Competencies (Supervisors / Managers Only)

Key Performance Goals	Accomplishments
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Section Four: Individualized Development Plan

List Developmental Goals	Performance Updates
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Section Five: Challenges and Additional Performance Related Information

Challenges & Opportunities	Additional Accomplishments
Notes:	Notes:

Section Six: Supervisor's Comments

Notes:

Staff Member's Signature _____

Date: _____

Supervisor's Signature _____

Date: _____

Annual Staff Evaluation

Staff Member's Name:

Position Title:

Performance Period – From:

To:

Section One: Interpreting Performance Ratings

-Δ	Significant aspect(s) of the goal was/were not accomplished negatively impacting stakeholders and/or critical goal attainment
Δ	Significant aspect(s) of the goal was/were accomplished, however improvements are needed to fully satisfy performance standards
=	All aspects of the goal was fully accomplished
+	All aspects of the goal was fully accomplished and the staff member made contributions with distinction

Required Actions:

- Annual performance ratings are assigned by a supervisor only after an objective review of the employee's performance during the performance period.
- In the event a staff member is assigned the rating of -Δ, Δ, or +, the supervisor must provide written statements describing the staff members performance and/or behavior.
- Supervisor must address performance issues at the time of unsatisfactory performance and/or behavior, not waiting until the evaluation period.
- Staff assigned a rating of -Δ will receive performance coaching outlining specific measurable objectives. A timeline for improving performance and/or behavior will also be assigned. The supervisor must initiate work improvement in a timely manner.

Section Two: Performance Ratings

Key Performance Goals	Ratings			
	-Δ	Δ	=	+
1.				
2.				
3.				
4.				
5.				

Key Performance Goals	Ratings			
	-Δ	Δ	=	+
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
Overall Rating Score				

Section Three: Individualized Development Accomplishments

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Supervisor's Comments

Employee's Comments

--

Supervisor's Signature _____ Date _____

Your signature affirms this evaluation has been discussed in detail between you and your supervisor. Your signature in no way reflects agreement with the supervisor's ratings.

Employee's Signature _____ Date _____