UNIVERSITY OF WISCONSIN COLLEGES

CLASSIFIED EMPLOYEE PERFORMANCE REVIEW

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period of Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Funding Source/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Performance Review:

|  |  |  |
| --- | --- | --- |
| **KEY RESPONSIBLITIES** | **STRENGTHS/AREAS FOR IMPROVEMENT** | **COMMENTS** |
|  |  |  |
| **DESCRIBE ANY ADDITIONAL DUTIES UNDERTAKEN BY EMPLOYEE** | | |
|  | | |

**UNIVERSITY OF WISCONSIN COLLEGES**

CLASSIFIED EMPLOYEES PERFORMANCE REVIEW

**Page Two**

**Professional Development:**

|  |  |
| --- | --- |
| **Job-Related Goals Completed This Review Period:** | **Professional Development Completed This Review Period:** |
|  |  |
| **Job-Related Goals for Next Review Period:** | **Professional Development Goals for Next Review Period:** |
|  |  |

|  |  |
| --- | --- |
| **4 Performance is outstanding in fulfilling position responsibilities. (Satisfactory)** | **3 Performance is above average in fulfilling position responsibilities. (Satisfactory)** |
| **☐2 Performance is acceptable in fulfilling position responsibilities. (Satisfactory)** | **☐1 Performance needs significant improvement in specific areas. (Unsatisfactory)** |
| **☐0 Performance is generally inadequate in fulfilling position responsibilities. (Unsatisfactory)** |  |

**Signatures:**

***The employee’s signature does not necessarily indicate agreement, but attests that the employee has had an opportunity to read and discuss this review.***

Employee’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UPDATED 1/21/14