UNIVERSITY OF MISSOURI COLLEGE OF ARTS & SCIENCES
STAFF PERFORMANCE APPRAISAL FORM

(PLEASE TYPE OR PRINT)

Name (Last, First, Middle Initial)		Title	
Department	Years in Present Job	Years with University	Appraisal Period (From- To)
Appraisal By (Signature) :			Date
Approved By (Signature):			**Date**

PLEASE PLACE AN "X" IN THE APPROPRIATE BOX, AND AS NECESSARY, BRIEFLY GIVE YOUR COMMENTS OF THIS EMPLOYEE IN THE SPACE PROVIDED CONCERNING THE FOLLOWING AREAS:

Knowledge of the Work (Understanding of the various Phases, knowledge the necessary technical fundamentals, etc.)

☐ Outstanding ☐ Above Normal ☐ Normal ☐ Below Normal ☐ Inadequate

Quality of the Work (Thoroughness, Neatness, Accuracy, etc.)

☐ Outstanding ☐ Above Normal ☐ Normal ☐ Below Normal ☐ Inadequate

Quantity of the Work (Volume of acceptable work, amounts of exceptional or poor work, etc.)

☐ Outstanding ☐ Above Normal ☐ Normal ☐ Below Normal ☐ Inadequate

Attendance & Punctuality (Regularity of Attendance and Punctuality in Following Assigned Schedule or Work Hours)

☐ Outstanding ☐ Above Normal ☐ Normal ☐ Below Normal ☐ Inadequate

Carrying Out Instructions (Willingness and Ability to Take Instructions and Follow Through, Etc)

☐ Outstanding ☐ Above Normal ☐ Normal ☐ Below Normal ☐ Inadequate

Overall Appraisal: ☐ Outstanding ☐ Above Normal ☐ Normal ☐ Below Normal ☐ Inadequate

Major Strong Points and/or Weak Points:

Additional Comments:

The Information On This Form Has Been Reviewed With Me

Employee's Signature Date