|  |  |  |  |
| --- | --- | --- | --- |
| **\\lewis.hsa.washington.edu\users\psmith83\Desktop\HSA LH.png**  **PERFORMANCE DEVELOPMENT PLAN** | | | Institution/Department  HSA Unit: Enter Unit |
| **Employee Name**  Click here to enter text. | Classification Title  Click here to enter text. | Evaluation Period for Pro Staff  FROM **1/01/2014** TO **6/01/2014** | Evaluation Date  Enter Date |
| **ORGANIZATIONAL IMPACT →** | *How does this position contribute to the stated mission and goals of the relevant HSA Unit?*  Click here to enter text. | *How does this position contribute to the UW mission?* Click here to enter text. | |
| PERFORMANCE FACTORS | Performance Expectations | Examples and Comments | RATING |
| **Quality of work**    Competence, accuracy, thoroughness, across service profile | Click here to enter text. | Click here to enter text. | Exceeds expectations\* |
| Meets expectations |
| Needs improvement\* |
| **Quantity of work**  Use of time, volume of work accomplished, ability to meet schedules, efficiency and productivity levels. | Click here to enter text. | Click here to enter text. | Exceeds expectations\* |
| Meets expectations |
| Needs improvement\* |
| **Job knowledge**  Degree of technical knowledge, understanding of job procedures, method and best practices. | Click here to enter text. | Click here to enter text. | Exceeds expectations\* |
| Meets expectations |
| Needs improvement\* |
| **Working relationships/Service**  Communication, cooperation and ability to work with supervisor, colleagues, co-workers, students and clients served | Click here to enter text. | Click here to enter text. | Exceeds expectations\* |
| Meets expectations |
| Needs improvement\* |
| **Leadership and/or supervisory skills**  Leadership skills across activity scope. Training, directing and/or evaluating subordinates and/or teams, delegation, planning and organizing work, problem solving, decision-making ability, ability to communicate effectively. | Click here to enter text. | Click here to enter text. | Exceeds expectations\* |
| Meets expectations |
| Needs improvement\* |
| **Alignment and progress with Unit Mission, Values, Strategies**  Click here to enter text. | Click here to enter text. | Click here to enter text. | Exceeds expectations\* |
| Meets expectations |
| Needs improvement\* |

\*Provide specific examples of this employee’s performance

**DEFINITIONS OF PERFORMANCE RATING CATEGORIES**

**Exceeds Expectations\*** – The employee regularly works beyond a majority of the performance expectations of this factor and has made many significant contributions to the efficiency and economy of this organization through such performance

**Meets Expectations** – The employee has met the performance expectations for this factor and has contributed to the efficiency and economy of this organization.

**Needs Improvement\*** – The employee has failed to meet one or more of the significant performance expectations for this factor.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee Name**  Click here to enter text. | Classification Title  Click here to enter text. | | Evaluation Period for Pro Staff  FROM **1/01/2014** TO **6/01/2014** | | Evaluation Date  Enter Date | | |
| 1. SPECIFIC ACHIEVEMENTS (Attach additional sheets if necessary)   Click here to enter text. | | | | | | |
| 1. PERFORMANCE GOALS FOR THE NEXT EVALUATION PERIOD   Click here to enter text. | | | | | | |
| 1. TRAINING AND DEVELOPMENT SUGGESTIONS   Click here to enter text. | | | | | | |
| 1. ATTENDANCE   Click here to enter text. | | | | | | |
| RATER’S NAME (supervisor or primary evaluator)  Click here to enter text. | | RATER’S TITLE  Click here to enter text. | | RATER’S SIGNATURE | | DATE RATED  Enter Date |
| EMPLOYEE’S COMMENTS:  Click here to enter text. | | | | | | |
| This performance evaluation was discussed with me on the date noted above. I understand that my signature attests only that a personal interview was held with me; it does not necessarily indicate that I agree with the evaluation. | | | | EMPLOYEE’S SIGNATURE | | DATE SIGNED  Enter Date |
| SECONDARY REVIEWER’S SECTION (where bargaining unit, HSA unit or department policy require a secondary review of rater’s evaluation) | | | | | | |
| Reviewer’s Comments:  Click here to enter text. | | | | | | |
| REVIEWER’S NAME  Click here to enter text. | | REVIEWER’S TITLE  Click here to enter text. | | REVIEWER’S SIGNATURE | | DATE REVIEWED  Enter Date |

● A copy of the signed evaluation will be provided to the employee upon request. Revised 4/25/2014