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**SUPPORT STAFF PERFORMANCE REVIEW – SHORT FORM**

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| **Employee Name:** | **Position Title:** |
| **Supervisor Name:** | **Department/School:** |
| **Review Period (from):** | **Review Period (to):** |

**REVIEW TYPE**: Choose an item.

**Supervisor Instructions:** Prepare a brief narrative for Section A and Section B to summarize the employee’s key strengths and attributes which have been observed on a regular basis throughout the performance period. When preparing the narrative be sure to consider all performance perspectives: **technical** (skills/knowledge; quality of work; innovation), **interpersonal** (communication/listening skills; team/cooperation skills), **professional** (judgment; problem-solving; decision-making; accountability), and **service** (dependability; initiative; creativity). REMEMBER: You are required to complete the full evaluation process using the Long Form once every 3 years for full-time Support Staff.

**SECTION A – AREAS OF STRENGTH**

**SECTION B – AREAS FOR DEVELOPMENT**

**SECTION C – OVERALL EVALUATION RATING**

**Probationary Reviews:**  Choose an item.

**Annual Reviews:** Choose an item.

\* Where an overall rating of “Needs Improvement” or “Progressing with Difficulty” is assessed, the supervisor must identify the specific areas for improvement in Section F (Professional Development). For annual reviews, the supervisor and employee shall meet mid-year to review the employee’s progress toward the developmental requirements and refine the developmental plan, if necessary.

**SECTION D – EMPLOYEE COMMENTS**

**SECTION E – PERFORMANCE OBJECTIVES (Annual Reviews Only)**

Indicate the status of the goals/objectives that were set as part of last year’s performance evaluation:

Objective #1 - Choose an item.

Objective #2 – Choose an item.

Objective #3 – Choose an item.

List up to three (3) operational objectives for the coming year. Objectives should align with established Departmental goals and/or to a job duty where a specific task/project is to be accomplished. Objectives should be specific, measurable, achievable, relevant, and time-bound (SMART).

**Objective #1 –**

**Objective #2 –**

**Objective #3 –**

**SECTION F – PROFESSIONAL DEVELOPMENT PLAN (Annual Reviews Only)**

The PD plan should relate to departmental objectives and the employee’s current job although other career development goals may also be discussed as part of overall career planning. REMEMBER: Completion of this section is mandatory if the overall performance rating is “Needs Improvement” or “Progressing with Difficulty”. For each area of focus below, note the **PD strategy**, the **timeframe** and **estimated costs.**

**Area of Focus #1 –**

**Areas of Focus #2 –**

**Area of Focus #3 –**

**SECTION G – POSITION DESCRIPTION FORM (PDF) – Annual Reviews Only**

In preparation for the performance review process, the supervisor shall review the employee’s PDF to determine if it is current *(Article 16.1, Support Staff Collective Agreement).* This review ideally includes employee discussion and input. Check the appropriate box below and follow the directions provided:

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**No Changes**. PDF reviewed; no updates. No further action required by supervisor.

**Minor Changes**. PDF reviewed & updated for housekeeping and clarity. Re-evaluation not anticipated. Supervisor forwards electronic version of the updated PDF (with changes identified) to HR for final review and processing. HR will distribute final copy of the PDF back to supervisor for signing with employee.

**Substantial Changes**. PDF reviewed & updated with substantive changes. Supervisor forwards electronic version of updated PDF (with changes identified) to HR for review. HR will notify supervisor of next steps including the potential for the PDF to be re-evaluated by the Job Evaluation Committee.

**SECTION H – SIGNATURES**

Immediate Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Reviewed by HR Consultant (Initials) \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ JEC Review? □ Yes □ No