

UNIVERSITY OF MAINE SYSTEM
SALARIED EMPLOYEE PERFORMANCE ASSESSMENT

Employee _____ Date of Appointment to Current Job _____

Title _____ ASSESSMENT PERIOD From _____ To _____

Supervisor _____ Date of Assessment Interview _____

I. Job Description

- A. The supervisor and employee should review the job description to be certain that there is a mutual understanding of responsibilities of the job. Identify changes that have occurred in the position. Any changes in the job description must be approved by the appropriate University administrator before a new job description is placed in the employee's personnel file. Check here if the job description is being revised and forwarded for approval. ____
- B. Complete the attached assessment form using the job description – you may refer to the list of skill sets/ characteristics listed in #1 of the instructions to assist you.

1. List major achievements and accomplishments of goals set for the past year:

2. Highlight areas of the job description where the employee exceeds expectations.

3. Identify professional challenges faced in the past year:

4. Identify personal strengths:

5. Identify areas for growth or improvement: (include what needs improvement, action plan with timelines for improvement as well as support to be given by supervisor):

6. List plans/goals for the upcoming year:

7. What training, professional development or other support is needed to support achievement goals? (The supervisor is the one completing this section.)

8. The employee's **overall** performance is unsatisfactory _____ satisfactory _____ outstanding _____.

If unsatisfactory is checked – please enclose documentation and a PIP (Performance Improvement Plan or include PIP that is presently in progress).

If outstanding, please explain.

9. Summary Comments (Optional):

Supervisor:

Employee:

Employee Signature: _____ Date: _____

The signature of the employee attests that s/he has been shown and has discussed the assessment and / or performance plan.

Supervisor Signature: _____ Date: _____

Department Head Review: _____ Date: _____

If appropriate:

Department Chair/Dean: _____ Date: _____

Please forward for inclusion in the official personnel file.