

Pierce College Evaluation Plan Performance Evaluation (Supervisor)

Purpose of Plan and Review

Annual Trial Service Probationary

Employee Details

_____	_____	_____
First Name	Middle Initial	Last Name
_____	_____	_____
Empl ID Number	Class	Title
_____	_____	_____
Position Number	Agency/Division/Unit	Supervisor's Name

Part 4: Interim Reviews

Part 4 is to be used during the course of the performance period to adjust performance expectations if circumstances change, and/or to document interim feedback sessions.

Part 5: Performance Assessment

Provide a narrative assessment of the employee's performance in relation to the Key Results and Competencies Expected that were outlined in Part 1. The assessment must be based on performance observed or verified.

Key Results

To what degree did the employee accomplish the expected results and how well were they done?

Key Competencies

How well (or how frequently) did the employee demonstrate the knowledge, skills, abilities, and behaviors expected?

Other Relevant Information (Optional)

Acknowledgement of Performance Evaluation

The signatures below indicate ONLY that the supervisor and employee have discussed the contents of this evaluation.

Supervisor Signature

Date

Employee Signature

Date

I have reviewed this evaluation and confirm the required process has been followed.

Comments:

Reviewer's Signature

Date

NOTE: When the performance evaluation is completed and signed by all parties, the supervisor provides the employee a copy and the original is forwarded to Human Resources to be placed in the employee's personnel file.