

Mid-Year Employee Evaluation Southeast Missouri State University

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|-----------------------|-----------------------|----------------------|
| Employee Name: | Emp S0 Number: | Job Title: |
| Department: | Supervisor: | Meeting Date: |

| Core Factor Category | Rating |
|---|--|
| Customer Service/Professionalism | <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Achieves Expectations <input type="checkbox"/> Sometimes Achieves Expectations <input type="checkbox"/> Unsatisfactory |
| Job Knowledge | <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Achieves Expectations <input type="checkbox"/> Sometimes Achieves Expectations <input type="checkbox"/> Unsatisfactory |
| Quality of Work | <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Achieves Expectations <input type="checkbox"/> Sometimes Achieves Expectations <input type="checkbox"/> Unsatisfactory |
| Safety & Security | <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Achieves Expectations <input type="checkbox"/> Sometimes Achieves Expectations <input type="checkbox"/> Unsatisfactory |
| Communication & Teamwork | <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Achieves Expectations <input type="checkbox"/> Sometimes Achieves Expectations <input type="checkbox"/> Unsatisfactory |
| Problem Solving & Decision Making | <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Achieves Expectations <input type="checkbox"/> Sometimes Achieves Expectations <input type="checkbox"/> Unsatisfactory |
| Productivity | <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Achieves Expectations <input type="checkbox"/> Sometimes Achieves Expectations <input type="checkbox"/> Unsatisfactory |
| Managerial/Supervisory Skills (If applicable) | <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Achieves Expectations <input type="checkbox"/> Sometimes Achieves Expectations <input type="checkbox"/> Unsatisfactory |

Note: Attach employee goals for current year to this form.

| | |
|----------------------|--|
| Employee Comments: | |
| Supervisor Comments: | |

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____