

# Performance Evaluation for Clerical & Support Staff

Prepare in duplicate:

Original—Employing Dept File  
Copy—To the Employee

Employee's Name		Department		Division	
Payroll Title (Class)		Date Hired	Length of time in present job Yrs Mos	Period covered <b>FR</b>	by Evaluation <b>TO</b>
Supervisor's Name		Supervisor's Payroll Title		Length of Time you have supervised this employee Years Mos	

## PERFORMANCE EVALUATION

Enter One

**Su** = Superior  
**MS** = More than Satisfactory  
**S** = Satisfactory  
**IN** = Improvement Needed  
**U** = Unsatisfactory

Retn: Office of Record: 5 Years After Separation  
Other copies: 3 - 5 Years After Evaluation

Insert cells as needed

Job Responsibilities for Period of Evaluation	Comments and Objectives	Rating

**Overall Evaluation** (Check one)

<b>Unsatisfactory</b>	<b>Improvement Needed</b>	<b>Satisfactory</b>	<b>More than Satisfactory</b>	<b>Superior</b>

**Future Plans and Actions**

XXX

Signature of Immediate Supervisor	Date	Employee's Signature
Department Head Signature	Date	Your signature indicates neither agreement nor disagreement with the evaluation, but it does indicate that you have read the evaluation, and it has been discussed with you. If you wish, you may comment in the space below.

**Employee Comments**

XXX