



Manager Performance Appraisal

Calendar Year 2025

Appraisal Period: January 1, 2025 through December 31, 2025

Employee Name:

Supervisor Name:

Employee Title:

Supervisor Title:

Department:

Supervisor ID Number:

Employee ID Number:

Length of time you have supervised employee (months and years):

1. Describe any goals and aspirations established for this review period and assess the employee's progress toward achieving them, including outcomes, challenges, and how those challenges were addressed.

2. Describe the employee's two or three most significant accomplishments during the review period.



3. What area, or areas, can the employee further develop? Describe the support and feedback you will provide.
4. Identify one or two goals for the next review period that align with department/unit priorities.



OVERALL PERFORMANCE RATING

	UNACCEPTABLE		IMPROVEMENT NEEDED		MEETS EXPECTATIONS		EXCEEDS EXPECTATIONS		OUTSTANDING
	Work performance is inadequate and fails to meet the standards of performance required for the position. Performance at this level cannot be allowed to continue.		Work performance does not consistently meet the standards of performance for the position. Serious effort is needed to improve performance.		Work performance consistently meets the standards of performance for the position.		Work performance consistently exceeds the standards of performance for the position.		Work performance is consistently and significantly superior to the standards of performance required for the position.

Check the box which describes the employee's overall performance rating.

Important: If an employee's overall performance is rated as either "Unacceptable" or "Improvement Needed", please contact Employee Relations team in the Office of Human Resources prior to meeting with the employee.

Employee Signature: _____ **Date:** _____

I have read and discussed this evaluation with my supervisor and I understand its contents. My signature means that I have been advised of my performance status and does not necessarily imply that I agree with either the appraisal or the contents.

Supervisor	Department Head
Signature: _____	Signature: _____
Date: _____	Date: _____