

UNIVERSITY OF MAINE SYSTEM
SALARIED EMPLOYEE PERFORMANCE ASSESSMENT

Employee: _____ Date of Appointment to Current Job: _____

Emplid: _____

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 of goals?
(The supervisor is the one completing this section.)

8. The employee's overall performance is (check one):

Unsatisfactory	<input type="checkbox"/>
Satisfactory	<input type="checkbox"/>
Outstanding	<input type="checkbox"/>

If **unsatisfactory** is selected- 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.