

**Performance Management**

***Promoting Active Employee Engagement with the 21st Century Vision and the ACU Promise***

Annual Appraisal – Strength-Based

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| Employee Banner ID: |
| Employee Name: |
| University Title: |
| Department: |
| Supervisor Name: |
| Review Period: |

For instructions, please see “Annual Appraisal – Strength-Based Instructions” on the HR website.

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| **Section 1** | | | | | | |
| **Position Specific Competencies** | | | | | | |
| **Competencies** | **Explanation of rating** | **1** | **2** | **3** | **4** | **5** |
| *Competency 1* |  |  |  |  |  |  |
| *Competency 2* |  |  |  |  |  |  |
| *Competency 3* |  |  |  |  |  |  |
| Average | | | | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 2** | | | | | | |
| **Goals and Objectives from Past Year** | | | | | | |
| **Goals** | **Explanation of rating** | **1** | **2** | **3** | **4** | **5** |
| *Goal 1* |  |  |  |  |  |  |
| *Goal 2* |  |  |  |  |  |  |
| *Goal 3* |  |  |  |  |  |  |
| Average | | | | | |  |

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| **Section 3** | | |
| **Incorporating Strengths in Essential Duties** | | |
| **Top 5 Strengths** |  | **How are these strengths being used effectively?** |
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Employee and supervisor, please complete the following questions for the above employee:

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| **What planned goals for this appraisal period were not accomplished and why?** |
| **What actions or changes might increase effectiveness? Share specific examples.** |
| **Are there strengths you have (according to the StrengthsQuest) that you would like to utilize that are not currently a part of your job description?** |
| **What opportunities/goals would you like to pursue over the next 12 months that would allow you to use these strengths more?** |

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| **Section 4** | | | | |
| **Professional Training and Development Number of hours** | | | | |
| **Summary of Professional Development & Total Number of Hours** |  | Rating | **Exempt** | **Nonexempt** |
| *Brief description/# of hours* |  | 0 | 0 | 0 |
|  | 1 | 1-10 | 1-7 |
|  | 2 | 11-20 | 8-13 |
|  | 3 | 21-30 | 14-19 |
|  | 4 | 31-40 | 20-25 |
|  | 5 | 41 or more | 26 or more |
|  | Rating | |  |

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To be completed by the supervisor and employee:

**Summary of Scores**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section** | | **Average Rating** | **Multiply by** | **Result** |
| Section 1 |  | | .30 |  |
| Section 2 |  | | .60 |  |
| Section 4 |  | | .10 |  |
| Total | | | |  |

\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_   
 Employee Rating / Supervisor Rating

**Review Job Description for accuracy and understanding**

Does the Job Description accurately reflect the day to day duties and responsibilities of the job? (check one) \_\_\_Yes \_\_\_No

If “no,” please email an updated version of employee’s job description to humanresources@acu.edu

**This Performance Appraisal included discussion of the following. Check those that are completed.**

Review of Job Description \_\_\_\_

Review of previous year’s goals \_\_\_\_

Set goals for the coming year (see page 4) \_\_\_\_

**Actual Date of initial meeting to discuss the Performance Appraisal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I have reviewed this document with my supervisor. My signature indicates that we have completed these discussions, but does not necessarily imply my agreement: any areas of disagreement are noted in my comments in an attached document. I understand that I am entitled to receive a copy of this form and attachments, bearing all required signatures.

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Employee Signature Date

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Supervisor Signature Date

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**Section V: Performance and Development Plan for Next Appraisal Period**

**A. Development Needs - Describe those aspects of the employee’s performance and/or job knowledge in which improvement would contribute to his/her effectiveness and how the employee can improve.**

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**B. List three or more specific goals/objectives that this employee will be expected to accomplish during the next appraisal period (include time-frame action plan, i.e., “Will complete training course by end of first quarter.”).**

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**C. Date for First Quarter Performance Planning Discussion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Supervisor Signature Date

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Employee Signature Date