

**THE UNIVERSITY OF SCRANTON  
PROFESSIONAL STAFF APPRAISAL FORM - NARRATIVE**

NAME:		SSN:
TITLE:		DEPARTMENT:
DIVISION:		
APPRAISAL PERIOD	FROM:	TO:

**Section I: Accomplishments during the Appraisal Period**

1. List each significant accomplishment during the current appraisal period. Refer to goals and developmental objectives agreed upon from previous performance evaluation. Be specific (numbers, dollars, percentages, and completion dates) where possible. Supervisory disagreements must be elaborated on in comment section.

**GOALS & DEVELOPMENTAL OBJECTIVES**

**RESULTS**

<b>GOAL:</b>  <b>OBJECTIVES:</b>	
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<b>GOAL:</b>  <b>OBJECTIVES:</b>	
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2. **Contributions to the Institutional Statement of Mission: Explain briefly how you have contributed to the goals identified in the Statement of Mission of The University of Scranton.**

## Section II: Job Related Performance Factors

(To be completed by evaluator & discussed with employee)

**Use of this form requires comments for each factor.**

**JOB KNOWLEDGE:** Knowledge of the relevant theories, policies, procedures or resources required to perform the job.

**COMMENTS:**

**INTERPERSONAL SKILLS/RELATIONS:** Dealing with Clientele, co-workers, supervisors and others. Responding to suggestions, instructions or feedback from supervisors.

**COMMENTS:**

**TIME MANAGEMENT:** Ability to organize and carry out duties. Includes setting priorities, following instructions, meeting deadlines and developing agenda of discussion issues. Commitment of time to accomplish goals and objectives. Reliability, dependability and availability to meet job requirements.

**COMMENTS:**

**WORK MOTIVATION:** Initiative. Level of interest in the job, work effort and taking action to achieve team goals.

**COMMENTS:**

**VERBAL COMMUNICATION:** Ability to convey information, listen to and understand verbal communication in meetings interviews presentation and one-to-one conversations.

**COMMENTS:**

**WRITTEN COMMUNICATION:** Conveying information and instructions in writing. Maintaining complete and accurate records, including required documentation.

**COMMENTS:**

**PROBLEM ANALYSIS/DECISION MAKING:** Applying rules and standards to work. Assessing a situation and formulating decisions based upon ethical principles, professional guidelines and sound decision-making process.

**COMMENTS:**

**PROFESSIONAL DEVELOPMENT:** Demonstrating a desire to professionally develop by seeking opportunities that strengthen skills and improve knowledge.

**COMMENTS:**

**FOR EMPLOYEES WHO HAVE SUPERVISORY RESPONSIBILITIES**

**MANAGING WORK:** Planning and organizing personnel and/or budget resources to meet department goals. Monitoring activities of subordinates and taking appropriate action at the proper time. Delegating responsibility and authority to other team members.

**COMMENTS:**

**MANAGING AND DEVELOPING STAFF:** Obtaining cooperation of subordinates, resolving interpersonal problems and conflicts. Considering needs, aspirations and feelings of others. Initiating developmental activities to increase the skills and competencies of staff members. Promoting cultural diversity.

**COMMENTS:**

**LEADERSHIP:** Inspiring others to see and contribute to the achievement of the organizational vision.

**COMMENTS:**



## Developmental Goals - Next Appraisal Period

Jointly set goals for development in specific areas. Choose those areas where development can result in either increased effectiveness in the current position or better preparation for future responsibilities. When appropriate, plans should be tied to specific projects.

<b>GOAL:</b>  <b>OBJECTIVES:</b>
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### Section III: Overall Evaluation (Please check one.)

- Employee's performance meets or exceeds expectations
- Employee's performance warrants a corrective action plan, developed with the assistance of Human Resources.

### Section IV: Comments and Signatures

<b>ADDITIONAL COMMENTS BY APPRAISER:</b>	
<b>SIGNATURE:</b>	<b>DATE:</b>

<b>COMMENTS BY INDIVIDUAL BEING APPRAISED:</b>	
<b>SIGNATURE:</b>	<b>DATE:</b>

### REVIEWED BY DIVISIONAL VICE PRESIDENT

<b>SIGNATURE:</b>	<b>DATE:</b>
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