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| Humber_College_logo | **Personal & Confidential Human Resources** |
| **SUPPORT STAFF PERFORMANCE REVIEW** |
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| **Employee:** |  |  | **Review Period:** |  |
| **Position title:**  |  |  | **Start Date in Position:** |  |
| **Dept/Division:** |  |  | **Date of Last Review:** |  |
| **Reviewer:** |  |  | **Date of Review:** |  |
| **PDF Current?** | [ ]  Yes [ ]  No *(if no, schedule review)* |
| **Date Position Description Form (PDF)was last reviewed by manager:** |  |
| **Date Position Description Form (PDF) last updated:** |  |  |

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| 1. **Review and Summary of Overall General Performance**
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| List the employees major job duties or tasks, projects or objectives assigned during the past year  | Comment on status of these objectives and the **overall** performance in meeting these objectives. |
| (*Use job description as a guide.)* | ***Example criteria:*** *quality of work; productivity; deadlines; use of initiative; problem-solving; customer-service, etc.****Performance levels:*** *exceptional, above average, average, satisfactory, needs improvement, unsatisfactory (Performance Level Descriptors are attached).*  |
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| **B. Major Strengths & Accomplishments** |
| Review areas of strength, accomplishments or other matters deserving particular notation. What part of the job does the employee do best? (Limit the list to not more than **four** specific responsibilities, skills or particular activities within those responsibilities). Specific reference should be made to Section A. ***Provide supporting examples***. |
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| **C. Future Goals & Objectives** |
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| Identify major performance goals, objectives and priorities for the next year. Link to the planning process.*You may include items which relate to a responsibility that supports career development.* |
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| **D. Training/Development/Coaching Plan** |
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| Outline training or staff development needs and plans for the next year to meet corporate, departmental goals and individual career plans. Include specific skills or competency development needs: |
| **Objective** | **Role of Manager** | **Target Date** |
| *(Competency or Skill & Employee Action Required)* |  |  |
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| **E. Comments** |
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| The space below is provided for a record of the results of the discussion, i.e., what other plans were made; what specific action is to be taken by both parties: |
| **Employee:** |
| **Immediate Supervisor/Manager:** |

| **F. Acknowledgement/Signatures** |
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| **Notice:** The employee’s rights concerning performance appraisals are found under Article 16.1 of the Collective Agreement. |
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| **Employee:** My performance review has been explained to me. I recognize that signing this review does not necessarily signify agreement, but indicates that I have received a copy of my appraisal.I acknowledge that I have read and understood the information enclosed in this performance appraisal. |
| *Please check one:* |
| [ ]  | I consider this valuation to be fair.  |
| [ ]  | I wish to speak to a [representative of Human Resources](https://humanresources.humber.ca/support/hrbp-client-distribution-model.html) regarding this evaluation and will contact my HR Business Partner directly. |
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| Name: |  |  | Date: |  |
|  | *Incumbent (type name)* |  |  |

SIGNED: By checking this box I verify my electronic signature above. [ ]  |
| **Management:**This employee’s individualized accommodation plan has been reviewed (please check one): [ ]  Yes [ ]  No [ ]  Not Applicable |
| **REQUIRED SIGNATURES (2 levels of management)**

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| Name: |  |  | Date: |  |
|  | *Supervisor’s Supervisor (type name)* |  |  |  |

 SIGNED: By checking this box I verify my electronic signature above. [ ]

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| Name: |  |  | Date: |  |
|  | *Supervisor’s Supervisor (type name)* |  |  |  |
| SIGNED: By checking this box I verify my electronic signature above. [ ]  |

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| **NOTE:** Please ensure that in addition to sending the completed form to Human Resources to be filed in the employee’s HR file, the employee’s supervisor/manager should also keep a copy within their own files. |

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| **Performance Level Descriptors** |
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| **Exceptional** | Far exceeds objectives. Outstanding performance that results in the delivery of exceptional accomplishments with significant contributions to the objectives of the department, faculty, and College. Employee is proficient in all aspects of the role. |
| **Above Average** | Exceeds established objectives. Consistently exceeds the expectations of the role. Exceeds in core functions or has shown aptitude outside of core area of responsibility. Employee exhibits proficiency in all most aspects of the role. |
| **Average** | Meets established objectives. On track. Can independently and competently perform all aspects of the job function, responsibility, or goal. Performance is consistently acceptable and meets expectations. Exhibits proficiency in most aspects of the role. |
| **Satisfactory** | Meets most of the established objectives. Generally, meets expectations required for the position. Competently performs most aspects of the job function, responsibility or goal. May require improvement in one or two areas of consistent weakness. Exhibits some proficiency in most aspects of the role. |
| **Needs Improvement** | Inconsistent in meeting most established objectives. Continued development and improvement are required in key areas of the job in order to successfully meet expectations. Performance is below expectations and work requires guidance and monitoring. May exhibit some proficiency, in the role, with guidance. |
| **Unsatisfactory** | Does not meet minimum established objectives and fails to achieve reasonable progress toward goals. Performance is substandard and work requires a high degree of supervision, correction and direction. May require the development of a Performance Improvement Plan. Performance levels are below established requirements for the job. Does not show any proficiency in the role. |