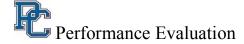
Mid-Year Evaluation December 2021

| Use for All Employees (Officer, Director, Coach, Staff) | | | | | | | |
|---|-----------------------------------|--|--|--|--|--|--|
| Department | | | | | | | |
| | | | | | | | |
| | Period covered by this evaluation | | | | | | |
| | FROM: 07/01/21 TO 12/31/2021 | | | | | | |
| Supervisor's Title | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Department | | | | | | |



If applicable evaluate individual on compliance of NCAA rules and/or regulations

within their area of responsibility that governs

work with student -athletics.

CHECK ONE

(Definitions defined on Instruction Sheet) Attach comments as needed

Mid year

End of Year \square \square

Requires Improvement Meets Expectations Exceeds Expectations

| Evaluate this individual based on their performance Responsibilities as outlined in their job description to evaluation Attach a copy of job description to evaluation | ption and is needed) | | |
|--|-------------------------|-------------|--|
| | Comments | Mid-year | |
| | | End of Year | |
| | | | |
| | Comments | Mid year | |
| | | End of Year | |
| | | | |
| | Comments | Mid year | |
| | | End of Year | |
| | | | |
| | Comments | Mid year | |
| | | End of Year | |

Comments

| | | Not applicable Requires Improvement Meets Expectations Exceeds Expectations | | | | |
|---|-------------|--|-----|---------------|---------------------|--------------|
| Evaluate this individual using the following | O | | | | | \downarrow |
| (Add comments as needed in the section right below | | | | $\overline{}$ | $\dot{\overline{}}$ | - |
| Productivity : Accomplishes standard work duties and | | | _뷰 | ዙ | 븜 | 井 |
| Initiative: Works independently, anticipates and takes | | asks and works to improve performance. | 片 | 븜 | 븜 | 井 |
| Dependability : Accepts instructions and follows through | * | dd | _ | 井 | 井 | 井 |
| Interpersonal skills: Establishes positive supportive relationships with coworkers; shows respect and is courteous toward others. | | | _ H | 屵 | 뷰 | 井 |
| Attendance/Punctuality: Arrives on time for work & meetings, maintains work schedule. Time off reporting: Follows policy on requesting and recording sick and or vacation leave. | | | | | ₩ | H |
| Decision Making: Analyzes situations well, decides v | | | ᅳ片 | + | + | \dashv |
| Administration: Completes reports & forms in an acc | | 11 1 | _ | + | + | 井 |
| Budget Responsibility: Prioritizes program needs and | | | ᅮ | + | + | 井 |
| Supervising: Regularly evaluates staff and provides for | | | ᅳH | + | + | 井 |
| development and treats staff in a respect | | | ш | ш | ш | |
| Leadership : Leads by example, motivates staff, foster | | | | | | |
| Understands and supports College's strategic plans | | | | | | |
| 11 0 0 1 | | | | | | |
| | | | | | | |
| Overall Evaluation Exceeds Expectations | Meets Expec | Requires Improvement | | | | |
| Future Plans and Actions | | | | | | |
| Employee Comments | | | | | | |
| Signature of Immediate Supervisor Vice President Signature | Date | Your signature indicates neither agreement nor disagreement with the evaluation, but it does indicate that you have read the evaluation and it has been discussed with you. If you wish, you may comment in the space above (Employee Comments section). | | | | |
| (Signature indicates VP has reviewed the evaluation) | Date | Employee's Signature | Dat | te | | |

REMINDER: THE JOB DESCRIPTION MUST BE ATTACHED TO THE PERFORMANCE REVIEW SUBMITTED TO THE HUMAN RESOURCE OFFICE.