FERRIS STATE V	UNIVERSITY – DINING SERVICES EMPLOYEE PERFORMANCE EVALUATION
NAME: DEPARTMENT: CLASSIFICATION: EVALUATION DATE	TE:
* *	n of the employee's performance should be indicated on the scale as objectively as possible. reviewed and discussed with the employee.
READ ENTIRE ATT	ACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM.
Rating Factors: Consider performance.	ler each factor separately and independently. Base your rating on observable and proven
Outstanding:	(O) Indicates an extremely exceptional level of job performance.
Very Good:	(V) Performance is beyond normal requirements and competence.
Satisfactory:	(S) Fulfills the normal job requirements with some strong points.
Needs Improvement:	(N) Performance is below job requirements, but improvement is anticipated.
Unsatisfactory:	(U) Job performance level shows a significant limitation that must be improved substantially to be acceptable.
	O must be explained/documented in the "Comments" section. e in "Comments" section(s), "No opportunity to observe".
QUANTITY OF WOR O □ V □ S □ N □ U Comments:	K: Consider Achievements resulting from personal effort. Also completion of assignments. □ □
QUALITY OF WORK O □ V □ S □ N □ U Comments:	: Consider accuracy, thoroughness, usability, and dependability of results.
JOB KNOWLEDGE: Uexperience. O □ V □ S □ N □ U Comments:	Jnderstanding of objectives, duties and responsibilities gained through education, training and J□
INITIATIVE AND OR objectives, duties and re O □ V □ S □ N □ U Comments:	

	es, accept constructive cr	I willingness to cooperate with supervisors, co-workers and otheriticism and exhibit good judgment.	TS,
DEPENDABILITY: Codeadlines. O □ V □ S □ N □ U Comments:		dance, punctuality, and attention to use of rest periods. Also, me	eets
CAPACITY TO DEVEL responsibility. O □ V □ S □ N □ U Comments:	_	tial to develop skills, improve job performance and assume more	2
OVERALL EMPLOYER O □ V □ S □ N □ U Comments:		ider the employee's total job performance.	
An overall rating "NEED with this evaluation.	OS IMPROVEMENT" or	"UNSATISFACTORY" requires written documentation to be i	ncluded
		EDS IMPROVEMENT" or "UNSATISFACTORY" is normally ed for	required
SUPERVISOR'S COMM	MENTS:		
EMPLOYEE'S COMMI	ENTS:		
I certify that this evaluati concurrence.	on was reviewed with me	e by my supervisor. My signature does not necessarily indicate	my
EMPLOYEE	DATE	DEPARTMENT ADMINISTRATOR	DATE
EVALUATOR	DATE		
NOTE: All completed, sig	gned performance evaluat	ion must be sent to the Human Resource Office (Prakken 150).	