**EHRA EVALUATION FORM**

**For the period beginning May 1, 2017 and ending April 30, 2018**

**Employee being evaluated:**

**Supervisor: Date completed:**

Please provide evaluative feedback in the following areas. When appropriate, include feedback from peers, team members, committee chairs, teaching faculty, etc.

1. **Achieving Goals**
   1. Please list the employee’s goals over the last 12 months from the last evaluation form and provide feedback regarding each of the goals.
   2. Please list the employee’s 3-5 GOALS FOR THE NEXT 12 MONTHS (as agreed upon by the supervisor and second level supervisor).
2. **Opportunities for Growth (Please include at least one comment in this section)**
   1. Please provide comments or suggestions on how the employee could gain new skills, knowledge, or engage in opportunities to meet their goals.
3. **Required overall performance rating**
   1. **Does this employee Meet, Exceed, or Not Meet Expectations?**

Due to changes this year in the EHRA Non-Faculty Performance Management Process implemented by the UNC System Office (formerly known as General Administration), all EHRA Non-Faculty Employees must receive an overall performance rating.

**For work performed at the Exceeds or Does Not Meet Expectations level, please provide additional specific examples to justify this rating.**

**Meets Expectations**

Performance consistently meets and sometimes exceeds expectations. Performance levels satisfy the established standards or expectations. The bulk of employees in a high performing organization will meet expectations.  
  
 **Exceeds Expectations**

Performance routinely far exceeds expectations. This typically includes either the completion of a major goal or project or an exceptional or unique contribution in support of a unit or the Library. Being productive, collegial, and hard-working do not necessarily make employees exceptional. This is achievable, though given infrequently.   
  
 **Does Not Meet Expectations**

Often performs below an acceptable level of performance of assigned duties (quality or quantity) or has demonstrated substantial performance deficiencies in certain assigned duties. Significant performance correction is necessary.

Signature of **SUPERVISOR** completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of **SECOND LEVEL SUPERVISOR**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*My signature indicates that I have read and discussed this evaluation with my supervisor.*

Signature of **EMPLOYEE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee comments attached:  Yes