

Mid-Year Performance Feedback Form

Employee Last Name _____ First Name _____

Employee ID _____ Department _____

Date of Review _____

RATING SCALE

- 1 – Does NOT Meet Expectations (Requires Additional Comments)
- 2 – Meets Expectations
- 3 – Exceeds Expectations

TEAMWORK – Promotes a positive work environment by conducting oneself in a manner that is respectful of others. Encourages cooperation, collaboration and co-ownership of success in a workplace.

1 2 3 COMMENTS:

COMMUNICATION – Demonstrates good listening, speaking and writing (if applicable) skills. Communicates honestly, openly and respectfully.

1 2 3 COMMENTS:

CUSTOMER SERVICE – Contributes to the success of others by responding in a timely, courteous and accurate manner. Strives to enhance the customer's experience. Demonstrates a positive attitude towards customers.

1 2 3 COMMENTS:

PRODUCTIVITY – Consistently completes expected quantity of work, neatly, accurately, and in a timely manner without constant supervision. Shows initiative while demonstrating a positive demeanor.

1 2 3 COMMENTS:

DIVERSITY – Supports a workplace culture in which all individuals are valued, appreciated, respected and included.

1 2 3 COMMENTS:

SAFETY – Committed to always maintaining a safe, secure and non-threatening work environment. Operates tools and equipment using appropriate safety procedures. Identifies and effectively communicates work safety issues.

1 2 3 **COMMENTS:**

GOAL ACCOMPLISHMENT (TO BE USED IN REVIEWING SUPERVISORS. MAY BE USED FOR OTHER EMPLOYEES AS APPLICABLE) – Accepts setbacks and challenges as improvement opportunities. Follows-up and takes action when goals are not met to ensure better results in the future. Sets high standards in their performance.

1 2 3 **COMMENTS:**

LEADERSHIP (ONLY TO BE USED IN REVIEWING SUPERVISORS) – Ensures proper training of staff. Provides positive reinforcement for job successes and accountability for poor performance and conduct. Implements department procedures and UNT policies.

1 2 3 **COMMENTS:**

RECOMMENDED IMPROVEMENTS:

TRAINING OPPORTUNITIES:

EMPLOYEE COMMENTS:

Employee Signature _____ Date _____
(Acknowledgement of Receipt Only)

Supervisor Signature _____ Date _____