

Item 10. Functions:

List additional information concerning high (5) and low (1) ratings by function number as listed on the previous page. Refer to the instructions.

Part III. CUSTOMERS/PERSONAL RELATIONS

Item 11. Relationship with fellow employees:

Excellent Good Unsatisfactory Explain below:

Item 12. Relationship with customers:

Excellent Good Unsatisfactory Explain below:

Comparison to previous evaluation: Improved No Change Negative/Declined

Item 13. Personality (Check those which apply):

- | | | | |
|---|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Courteous | <input type="checkbox"/> Aloof |
| <input type="checkbox"/> Neat in appearance | <input type="checkbox"/> Untidy | <input type="checkbox"/> Enjoys work | <input type="checkbox"/> Dependable |
| <input type="checkbox"/> Conscientious | <input type="checkbox"/> Calm under pressure | <input type="checkbox"/> Nervous | |
| <input type="checkbox"/> Complains excessively | <input type="checkbox"/> Negative influence on others | | |
| <input type="checkbox"/> Positive influence on others | | | |

Desire for achievement: High Average Low

Part IV. SUMMARY OF EVALUATION

Overall evaluation: Positive Needs Improvement

Overall comparison to previous evaluation: Improved No Change Negative

Continued employment: Recommended Recommended with improvement Not recommended

Part V. SUGGESTIONS FOR EMPLOYEE DEVELOPMENT - REFER TO INSTRUCTIONS

Part VI. SIGNATURES OF SUPERVISORS

This report is based on my observation and/or knowledge. It represents my best judgment of the employee's performance.

Signature of Employee: _____ Date: _____

Signature of Evaluator: _____ Date: _____

Signature of Administrative Officer: _____ Date: _____

Note: Employee signature indicates only that this performance evaluation was reviewed by the employee and discussed with the evaluator. Disagreement with the evaluation or any items contained therein should be made in writing and presented to the evaluator. A copy of any written statement should also be presented to the Assistant Vice President for Human Resources and will be placed with the evaluation instrument in the employee's official personnel file. Questions or comments concerning this form or the execution of the operating policy should be made to the Assistant Vice President for Human Resources at 3-2865 by TTUHSC employees.