TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
TEXAS TECH STAFF PERFORMANCE MANAGEMENT INSTRUMENT

Evaluation Period: From ________ To ________

INSTRUCTIONS:

Part I. BASIC EMPLOYEE INFORMATION:

Item 1. Employee Name: ___________________________  Job Title: ___________________________

Item 2. Employee Identification R#: ___________________________

Item 3. Employee's Date of Hire: ___________________________

Item 4. Responsible Department: ___________________________

Item 5. Date of Evaluation Conference: ___________________________

Part II. PERFORMANCE RATING BY JOB FUNCTION:

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<th>FUNCTION</th>
<th>E/M</th>
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<th>3</th>
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Continue on additional pages as needed.
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):
(      ) Friendly (      ) Outgoing (      ) Courteous (      ) Aloof
(      ) Neat in appearance (      ) Untidy (      ) Enjoy work (      ) Dependable
(      ) Conscientious (      ) Calm under pressure (      ) Nervous
(      ) Complains excessively (      ) Negative influence on others
(      ) 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.