

Performance Management Process; Rev 11/17



Employee Name	Job Title & Department	Evaluation Period	Time in Position
Supervisor Name & Title		Dual Report Supervisor Name & Title	

Unsatisfactory	Needs Improvement	Met/Exceeded Expectations	Exceptional
Performance was below expectations in essential areas of responsibility, with key goals and objectives missed. Contribution was typically below that of peers or incumbents in comparable position.	Performance often met, but did not consistently meet, position expectations. One (or more) of the most critical annual objectives was not met. Incumbent typically needs further coaching and development to fully meet position expectations.	Performance consistently met or exceeded Vassar's high standards and expectations. All critical annual goals were achieved. Incumbent widely recognized as a strong and valued contributor.	Performance noticeably exceeded expectations and made a unique contribution to the achievement of College or Departmental objectives. This rating is awarded to under 20% of Vassar incumbents and is typically reserved for the top performer(s) for the year.

Overall Performance for the Year Include how results were achieved (i.e., Leadership, Teamwork Organizational Progress, etc.)	Overall Rating
	Exceptional
	Met/Exceeded Expectations
	Needs Improvement
	Unsatisfactory

Key Accountability & Goals	Mid-Cycle Status	Year-End Results	Rating
1.			Exceptional
			Met/Exceeded Expectations
			Needs Improvement
			Unsatisfactory
2.			Exceptional
			Met/Exceeded Expectations
			Needs Improvement
			Unsatisfactory

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Key Accountability & Goals	Mid-Cycle Status	Year-End Results	Rating	
3.				Exceptional
				Met/Exceeded Expectations
				Needs Improvement
				Unsatisfactory
4.				Exceptional
				Met/Exceeded Expectations
				Needs Improvement
				Unsatisfactory
5.				Exceptional
				Met/Exceeded Expectations
				Needs Improvement
				Unsatisfactory
6.				Exceptional
				Met/Exceeded Expectations
				Needs Improvement
				Unsatisfactory

Employee Comments

Manager Signature _____

Date _____

Dual Report Manager Signature _____

Date _____

Second Level Review Signature _____

Date _____

Employee Signature _____

Date _____

Your signature on this form acknowledges that you have read the information and your supervisor has reviewed it with you.

Important Note: In accordance with NY State Law, you have the right, should you disagree with any of the information contained in this document to submit a written statement explaining your position. This statement will be maintained as part of your personnel file. Once signed and completed, a copy of this form, along with any attachments, should be sent to humanresources@vassar.edu