

UBC Okanagan Human Resources

Employee Name: _____ Classification: _____ Placement Dates: _____

Department: _____ Requested By: _____

Note: Please check the appropriate box to indicate your response, leave blank if criteria is not applicable. Once completed and signed, please send to Human Resources. This information is critical to the training and development of the employee. Additional information may be submitted on a separate sheet.

Outstanding Consistently exceeds position requirements.	Above Standard Meets position requirements & frequently exceeds them.	Competent/Standard Consistently meets position requirements.	Below Standard Frequently does not meet position requirements.	Unsatisfactory Consistently fails to meet position.
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1. Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Flexibility/Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Knowledge of Commercial Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Grasp of Custom/In-house Software program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Software complexity – Dept. Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Overall knowledge of UBC Okanagan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Would you rehire this Aux.	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Supervisor's Name: _____

Supervisor's Title: _____

The department feels that this employee should develop the following skills to increase their effectiveness/efficiency in this department/position:

The auxiliary employee has read and accepts the appraisal: _____ Disagrees: _____
(Signature/Date) (Signature/Date)

Auxiliary employee's comments:

Review of Auxiliary Employees