

**Navajo Technical University**  
**EPA-20 Performance Appraisal Form for Non-Exempt Personnel**

**Evaluation Period** From: \_\_\_\_\_ To: \_\_\_\_\_ **Evaluation Type:** Probation  Annual  Exit   
**Employee's Name** \_\_\_\_\_ **Job Title** \_\_\_\_\_  
**Date of Report** \_\_\_\_\_ **Time in current position** \_\_\_\_\_

**Principal Responsibilities:** Attach employee's current job description.

**Evaluation Criteria and Factors:** Describe the employee's performance relative to the criteria and factors stated below. Additional sheets may be added to elaborate on specific performance aspects.

**Evaluation Criteria-Rating Definitions:**

- Excellent:** The employee regularly exceeds the acceptable standards for the position by demonstrating outstanding performance and knowledge to carry out the most complex tasks. 5
- Above Average:** The employee occasionally exceed the acceptable standards for the position and at times will carry out complex tasks. 4
- Average:** Employee consistently meets the position standards and demonstrates a sound balance between quality and quantity. 3
- Below Average:** The employee's performance is below acceptable standards and requires more than average guidance. Is not able to take on any added responsibility. 2
- Unsatisfactory:** The employee does not perform at an acceptable level to meet positions standards. Even with constant guidance is not able to perform the assigned tasks. 1

<b>Performance Factors</b>	
<b>A. Quality of Work</b>	<b>Supervisors Rating</b>
1. What is the quality of the employees technical skills?	
2. Does the employee maintain awareness of changes in technical areas related to the job and does he/she respond to those changes?	
3. Does the employee correct errors or question inconsistencies in the work assigned?	
4. Does the employee organize work to make the job easier and that of co-workers and supervisors easier?	
5. Is the employee's work accurate and on time?	
<b>TOTAL FOR THIS SECTION:</b>	
<b>Comments:</b>	
<b>B. Quantity of Work</b>	<b>Supervisors Rating</b>
1. Does the employee manage his/her workload efficiently?	
2. Are speed and consistency of output, time management and results satisfactory?	
<b>TOTAL FOR THIS SECTION:</b>	
<b>Comments:</b>	

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<b>C. Interpersonal Relationships</b>	<b>Supervisors Rating</b>
1. How does the employee work with others? Can the employee receive assignments from several people, judge or resolve priorities and maintain a good working relationship with those involved?	
2. Does the employee obtain cooperation from others?	
3. Does the employee offer help to others during slow periods?	
4. How well does the employee address and resolve conflicts/problem situations with others.	
5. How well does the employee deal with outside vendors/contractors?	
<b>TOTAL FOR THIS SECTION:</b>	
<b>Comments:</b>	
<b>D. Initiative and Self Reliance</b>	<b>Supervisors Rating</b>
1. Is the employee able to take action without direction? ( ie. What is the extent of supervision required)	
2. Does the employee seek out new and better ways to accomplish tasks?	
3. Does the employee seek out new and more challenging responsibilities.	
4. Has the employee taken any courses or seminars to increase job knowledge?	
<b>TOTAL FOR THIS SECTION:</b>	
<b>Comments:</b>	
<b>E. Dependability</b>	<b>Supervisors Rating</b>
1. Is the employee generally willing to change plans in order to meet deadlines?	
2. Does the employee accomplish all assigned tasks within the proper time frame?	
3. Is work complete and thorough, eliminating the need for close review?	
4. Does the employee's work require close review during pressure/tight deadline periods?	
5. How much knowledge of the supervisors work and that of the department does the employee have?	
6. In the absence of the supervisor, does the employee have sufficient knowledge of the supervisor's work to ensure that matters are attended to or are referred to the proper person in the department.	
7. Are such factors as attendance, punctuality, time off, adherence to Institute policies and procedures satisfactory?	
<b>TOTAL FOR THIS SECTION:</b>	
<b>Comments:</b>	

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<b>F. Teamwork and Communication</b>	<b>Supervisors Rating</b>
1. Does the employee communicates well with co-workers and up-line supervisors.	
2. Does the employee work well in groups, offer assistance to co-workers and accepts assistance from others without being defensive?	
3. Are written communications from the employee clear and to the point so others know exactly what is asked for or required in the message.	
4. Is the employees attitude toward work and the organization positive?	
<b>TOTAL FOR THIS SECTION:</b>	

**Comments:**

**G. Summary Assessment**

**GRAND TOTAL FOR ALL 27 QUESTIONS:**

Taking all the performance factors and evaluation criteria into consideration and realizing that some of the factors are more significant than others, the "overall" performance of this employee during this evaluation period is:

**GRAND TOTAL / 27 QUESTIONS = OVERALL EVALUATION RATING:**

5 - Excellent	4 - 4.9 Above average	3 - 3.9 Average, meets standards	2 - 2.9 Below average, does not fully meet standards	1 - Unsatisfactory
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**Supervisors Comments and Recommendations:**

**Employee's Comments:**

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**Goals and Objectives Forms** are attached on the next page. Goals and Objectives Form must be completed for every employee. All forms must be reviewed with the Employee, signed and attached to the performance review.

**Evaluation prepared and career counseling performed by:**

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Employee Sign-Off:**

*I have \_\_\_\_\_ have not \_\_\_\_\_ discussed my career options. I have reviewed this evaluation and discussed the contents with my supervisor. My signature means that I have been advised of my performance and have been given the opportunity to make comments, but does not necessarily imply agreement with the evaluation or the contents.*

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

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Signature of Director/Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Human Resources Director: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: SIGNATURES ARE REQUIRED ON LAST PAGE TOO.**

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Form EPA 002

**Goals and Objectives Form - EPA 002  
All Employees**

**Employee's Improvement Needs:**

**Performance Objectives/Initiatives and Timelines:**

1.

2.

3.

**Employee's Comments:**

\*Add additional sheets if necessary

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*I understand that my signature only indicates that I have read and discussed this part of my Performance Review with my Supervisor. It does not necessarily mean that I agree with the evaluations contents. (Attach additional written comments if desired.)*

*We attest that as part of the evaluation process, the employee's job description has been reviewed and updates have been made as needed.*

**Employee Initials** \_\_\_\_\_ **Supervisor Initials** \_\_\_\_\_

*We attest that as part of the evaluation process, professional development activities and related objectives have been reviewed.*

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form must be attached to the Employee Rating Forms**