**PERFORMANCE DEVELOPMENT EVALUATION FORM – 6 Month**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | **Evaluation Period:** |  |
| **Title:** |  | **Reports To:** |  |
| **Department:** |  |  |  |

**INTRODUCTION**

Williams is committed to the practice of meaningful, timely and productive performance development for all staff. Thank you for supporting this commitment. The goal of the performance development process is to reach a mutual understanding of the expected standards of performance, and the employee’s performance based on those standards. This document and the accompanying guide are important tools in maximizing the performance evaluation experience. Please take the time to think through and complete all sections of the form. This will become part of the employee’s personnel record, and may be used in decisions concerning advancement, future training needs, performance-related salary adjustments, or possible disciplinary actions.

**Supervisor Comments on Overall Performance:**

|  |
| --- |
|  |

**Is overall performance at this point in time satisfactory?**

Yes No

If you answered No, please work with HR to create and submit a performance improvement plan.

**GOALS (for applicable positions)**

**Instructions:** This section is required for administrative staff and anyone that supervises other staff.In the left column, describe any goals that were set at the one month time period. Goals should be **S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**ime-bound (SMART). In the right column, document progress towards those goals.

|  |  |
| --- | --- |
| Goal | Comment |
|  |  |
|  |  |
|  |  |

***Future goals***

**Instructions:** Identify goals for the period between now and the annual performance evaluation date for your department. At a minimum, include one job-related goal and one professional development goal. Goals should be **S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**ime-bound (SMART).

|  |  |
| --- | --- |
| Goal | Due date |
|  |  |
|  |  |

**Employee Comments** (optional, may be submitted separately):

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**SIGNATURES**

Employee and Supervisor acknowledge that they have met to review the performance evaluation. The employee may attach comments to the evaluation if desired. After Department Head and Senior Staff approval, all signers receive a copy of this evaluation and it will become part of the personnel record.

**Employee:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Name: |  | Title: |  |

*(Signing indicates you have received this performance review, not that you necessarily agree with it.)*

Check if you have attached comments to this document.

**Supervisor:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Name: |  | Title: |  |

**Department Head (as appropriate):**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Name: |  | Title: |  |