

**Catholic Diocese of Saginaw  
EMPLOYEE PERFORMANCE REVIEW  
SUPPORT STAFF**

**Employee Name** \_\_\_\_\_

**Date of Annual Review** \_\_\_\_\_

**Position/Department** \_\_\_\_\_

**Supervisor** \_\_\_\_\_

**4= Far Exceeds; 3=Exceeds; 2= New/Achieves; 1= Does Not Meet**

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**Knowledge of job:** Consider how well the employee has come to understand the scope and responsibilities of the job.

**4 3 2 1**

**COMMENTS:**

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**Quality of Work:** Consider how well the employee does the job in the areas of accuracy, thoroughness, effectiveness and volume of work accomplished.

**4 3 2 1**

**COMMENTS:**

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**Technical/Professional Job Skills:** Consider how well the employee demonstrates job-related know-how, skills and abilities in achieving objectives.

**4 3 2 1**

**COMMENTS:**

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**Dependability:** Consider how well the employee does in areas of attendance, punctuality and ability to carry out instructions and to meet work commitments on time.

**4 3 2 1**

**COMMENTS:**

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**Initiative:** Consider how well the employee demonstrates a willingness to take on or expand job related functions, responsibilities or knowledge.

**4 3 2 1**

**COMMENTS:**

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4= Far Exceeds; 3=Exceeds; 2= New/Achieves; 1= Does Not Meet

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**People Relations:** Consider how well the employee demonstrates friendliness and a willingness to help visitors and fellow employees. Does the employee display tact and diplomacy while making appropriate effort to problem solve through effective communication.

4 3 2 1

COMMENTS:

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**Cooperation/Effort:** Consider how well the employee collaborates, does his/her fair share, helps others voluntarily, accepts guidance and/or criticism in a constructive manner, adheres to policy and procedures of the diocesan offices.

4 3 2 1

COMMENTS:

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**Other specific requirement applicable for this particular job.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4 3 2 1

COMMENTS:

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**Improvement Needs:** Consider what significant gaps in knowledge or experience, in skill development or behavior are affecting employee's ability to perform well. What steps or aids need to be available for any improvement?

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**I certify that this evaluation was reviewed with me by my supervisor. I understand that my signature does not necessarily mean that I agree with the evaluation.**

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_

**GOALS AND OBJECTIVES:** (The following should emerge from the needs of the office, areas designated on the performance review as needing improvement and/or the employee's growth in the position. Additional goals and objectives can be listed on the back of this sheet.)

1. **GOAL:** \_\_\_\_\_

Objective: \_\_\_\_\_

Objective: \_\_\_\_\_

Objective: \_\_\_\_\_

2. **GOAL:** \_\_\_\_\_

Objective: \_\_\_\_\_

Objective: \_\_\_\_\_

Objective: \_\_\_\_\_

3. **GOAL:** \_\_\_\_\_

Objective: \_\_\_\_\_

Objective: \_\_\_\_\_

Objective: \_\_\_\_\_

**OVERALL COMMENTS:** \_\_\_\_\_

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**Employee Comments:** \_\_\_\_\_

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