

**STANDARD FORMAT**  
**UW-MADISON CLASSIFIED EMPLOYEE PERFORMANCE REVIEW**  
**(DEFINITIONS)**

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Review Period: \_\_\_\_\_ to \_\_\_\_\_

Goals/Objectives	Performance Expectations	Results
<ul style="list-style-type: none"> <li>• <b>source: position description, mission, strategic goals</b></li> <li>• <b>typically correspond to the major goals/ activities on the position description</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>describe in understandable language what must be accomplished</b></li> <li>• <b>typically address any or all of the following: quantity, quality, timeliness, level of independence, communication and/or interpersonal skills</b></li> <li>• <b>should be observable, reasonable and within employee's control</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>outcome</b></li> <li>• <b>whether or not performance expectations were achieved</b></li> <li>• <b>should be specific, objective, and focus on related behavior, not the person</b></li> </ul>

## STANDARD FORMAT

### UW-MADISON CLASSIFIED EMPLOYEE PERFORMANCE REVIEW (DEFINITIONS)

Name: \_\_\_\_\_ Review Period: \_\_\_\_\_ to \_\_\_\_\_

Development Goals (job related) (Optional Section)	Achievement of Development Goals (completed only if development goals were stated)
<p><b><u>If performance does not meet expectations:</u></b></p> <ul style="list-style-type: none"> <li>• establish a plan for improving performance (may be through additional training, coaching, etc.)</li> </ul> <p><b><u>If performance meets expectations:</u></b></p> <ul style="list-style-type: none"> <li>• may present opportunities to refresh skills or obtain new skills/ knowledge through workshops, conferences, observing others, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• report whether goal was met or revised</li> </ul>
<p><b>Employee's comments:</b> <i>(optional)</i></p>	

*My supervisor has discussed this performance appraisal with me, and I have had the opportunity to respond.* **NOTE:** The employee's signature does not indicate agreement, but attests that the employee has had an opportunity to read and discuss this review.

Date of 1<sup>st</sup> Session \_\_\_\_\_

Date of Results Review Session \_\_\_\_\_

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

Employee's Signature \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Manager's Signature \_\_\_\_\_  
(Optional)

Manager's Signature \_\_\_\_\_  
(Optional)

**DISTRIBUTION INSTRUCTIONS FOR SUPERVISOR:** Make 2 Copies. Supervisor keeps 1 copy. Give 1 copy to employee. After results are completed, return original to the Classified Personnel Office.