***-----This period -----***

**A.** [**Overall rating**](http://hrweb.berkeley.edu/performance-management/tools/rating-scale)**:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Annual period:** | **[ ] Exceptional** | **[ ] Exceeds Expectations** | **[ ] Meets Expectations** | **[ ] Needs Improvement\*** | **[ ] Unsatisfactory\*** |

 \*By checking Needs Improvement or Unsatisfactory, you must complete a Performance Improvement Plan [(PIP)](http://hrweb.berkeley.edu/sites/default/files/PERFORMANCE%20IMPROVEMENT%20PLAN%20TEMP-PLATE.doc) for this employee

|  |  |  |  |
| --- | --- | --- | --- |
| **Probationary period:** | **[ ] Meets Expectations** | **[ ] Does Not Meet Expectations** | **Period end date:** Click here to enter a date. |

|  |
| --- |
| **B. Top 3-5 Goals *for this review period*** Goals at the start & during the period. Comments at the end of the period |
| 1. Goals

Comments |
| 1. Goals

Comments |
| 1. Goals

Comments |
| 1. Goals

Comments |
| 1. Goals

Comments |
| Supervisor Initials:       Date: Click here to enter a date.Employee Initials:       Date: Click here to enter a date. |

**C. Comments on Overall Performance:** Provide a brief description of what the employee accomplished this year. Comments are **required** for ratings *above or below* Meets Expectations—refer to the [Core Competencies](http://hrweb.berkeley.edu/sites/default/files/attachments/behavioral-anchors-matrix-core-competencies.pdf) and [Operating Principles](http://vcaf.berkeley.edu/what-we-do/leading-best-practices/operating-principles). Describe specific behaviors that illustrate where performance in one or more competencies needs improvement or exceeds expectations. Highlight opportunities for growth and development; recognition received.

Click here to enter text.

|  |
| --- |
|  |

**D. Which Operating Principles did this year’s performance best support?**

*[ ] We include and excel, together* *[ ] We imagine and innovate* *[ ] We simplify* *[ ] We are accountable to each other* *[ ] We focus on service* *[ ] N/A*

|  |  |
| --- | --- |
| **E. Signatures:** **Employee:**My signature indicates I have received a copy of this review. *You may attach a response.*Name:      Signature:      Date: Click here to enter a date.[ ] Employee is unavailable for signature or refused to sign  | **Supervisor:**Name:      Title:      Signature:Date: Click here to enter a date.Next Level Supervisor (if required):      Title:      Signature:Date:  |

***------ Next period’s section B -----***

**B. Top 3-5 Goals & Expectations *for next period***

1.

2.

3.

4.

5.