

# The University of Oklahoma Staff Performance Evaluation Summary Report



Complete **all sections** of this form after conducting the evaluation. Send the original to the office indicated below along with any documentation provided by the employee. One copy should be retained for the department's records and one copy should be provided to the employee. Do not forward the performance evaluation documentation or the evaluator's notes to Human Resources. That information should be kept on file with the evaluator's department. **PLEASE TYPE TO COMPLETE THIS FORM. (rev. 01/2022)**

Employee's Name:		EMPL ID:
Job Title:		
Position Number:	Date of Evaluation (MM/DD/YY):	
Evaluator's Name:		Evaluator's EMPL ID:
Evaluation Period (MM/DD/YY)	From:	To:

**University compliance requirements. Please respond to all five questions:**

Has the employee complied with the University's Standards of Conduct?	YES	NO	
Has the employee complied with required HIPAA Privacy Policies and Procedures?	YES	NO	N/A
Has the employee completed the Employee Hazard Communication/General Safety training?	YES	NO	
Has the employee completed the Sooner Fire Safety - Employee training?	YES	NO	
Has the employee completed Diversity & Inclusion training?	YES	NO	

**Use the following categories to provide a general assessment of the employee's work performance. Check one:**

- (4) Employee performs beyond normal work requirements.
- (3) Work performance meets normal work requirements. The employee completes tasks as assigned.
- (2) Work performance needs improvement. The employee is having performance problems.
- (1) Unsatisfactory work performance.

**The evaluator should provide a written explanation of the general assessment of the employee's work performance in the comments section below.**

**Evaluator's Summary Comments:**

A signature here indicates that a performance evaluation has been completed by the evaluator(s) and a copy of that evaluation has been given to the employee. *(Note: if the evaluator signs digitally, this document becomes read-only)*

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Evaluator(s) Signature(s)	Date (MM/DD/YY)

**Employee's Summary Comments:** (Attach any additional documentation and information within five working days from the date of the performance evaluation session. Please type or write the employee's name and EMPL ID at the top of the additional page.)

A signature here indicates that an evaluation regarding performance has been completed and discussed with the employee. It does not indicate that the employee necessarily agrees with its content. *(Note: if the employee signs digitally, their comments become read-only)*

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Employee Signature	Date (MM/DD/YY)

➡		
Budget Unit Head Signature (if applicable)	Print Budget Unit Head's Name	Date (MM/DD/YY)