



SPA Employee Competency Assessment and Performance Evaluation

Employee Name: _____

Department: _____

Position Title & Number: _____

Hire Date: _____

Supervisor: _____

Probationary Employee Evaluations

3 Month 6 Month 9 Month

Status Continue Probation Probation Complete

Permanent Employee Interim Evaluation Annual Evaluation Performance Cycle Dates _____



Competency Assessment/Work Plan/Performance Evaluation

COMPETENCY				PERFORMANCE	
WEIGHT	Discussion/Justification of Competency Level including observations or measures	Business Need	Employee (K,S,A)	Employee work plan outlining expected performance and outcomes for each identified competency.	
		<input type="checkbox"/> C <input type="checkbox"/> J <input type="checkbox"/> A	<input type="checkbox"/> C <input type="checkbox"/> J <input type="checkbox"/> A	<p><u>Expected Performance/ Outcomes:</u></p> <p><u>Actual Performance:</u></p>	
					Performance Rating 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>

Key: **Business Need Competency Levels:** C=Contributing; J= Journey; A= Advanced
Employee Competency Levels: C=Contributing; J= Journey; A= Advanced
 K,S,A Knowledge, Skills, and Abilities
Performance Ratings: 1= Unsatisfactory Performance; 2= Improvement Needed; 3= Meet Expectations;
 4=Exceeds Expectations; 5= Consistently Exceeds Expectations



Competency Assessment/Work Plan/Performance Evaluation

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Competency Development Plan (Describe the development activities planned for the coming year including those activities aimed at enhancing areas where employee competency level is rated lower than business need.)

Supervisor Comments

Employee Comments



Report of Competency Assessment and Performance Evaluation

Employee Name _____ **Performance Cycle Dates** _____

Department _____ **Title** _____

Overall Competency Ratings Business Need Choose One: C J A Employee Choose One: C J A

Check here if overall competency rating has changed since last assessment; additional documentation will be required.

Overall Performance Rating 1 2 3 4 5

Employee Signature _____ **Date** _____

My signature indicates that I have read and received a copy of my annual evaluation. Information regarding appeal rights can be found in HR Policies 08.520 & 08.340.

Supervisor Signature _____ **Date** _____

Next Level Supervisor Signature _____ **Date** _____

Send copy of this page to Human Resources at end of Evaluation Cycle.