



SPA Employee Competency Assessment and Performance Evaluation

Employee Name: _____

Department: _____

Position Title & Number: _____

Hire Date: _____

Supervisor: _____

Probationary Employee Evaluations

<input type="checkbox"/> 3 Month	6 Month	9 Month	12 Month
<input type="checkbox"/> 15 Month	18 Month	21 Month	24 Month

Permanent Employee ☐ Interim Evaluation ☐ Annual Evaluation Performance Cycle Dates _____



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



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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"/> C	<u>Expected Performance/ Outcomes:</u>	
		<input type="checkbox"/> J	<input type="checkbox"/> J		
		<input type="checkbox"/> A	<input type="checkbox"/> A	<u>Actual Performance:</u>	Performance Rating
					1 <input type="checkbox"/>
					2 <input type="checkbox"/>
					3 <input type="checkbox"/>
		4 <input type="checkbox"/>			
		5 <input type="checkbox"/>			
Overall Competency Ratings				Overall Performance Rating	



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 a copy of this signed page to Human Resources at the end of the evaluation cycle.
If the employee is currently on probation please send a copy of the entire signed form.**