DAKOTA COLLEGE AT BOTTINEAU

Employee Performance Review

Name	Date
Title	Department
Review From	Review To
Supervisor	Type ☐ 6-month ☐ Annual

I. Performance of Duties/Responsibilities

List duties/responsibilities from the position description. Comment on the results achieved.

Duties/Responsibilities & Goals	**Results**

Other Factors Relevant to the Position

II. Demonstration of Values

Values: Provide examples of how the employee demonstrates behaviors aligned with our values.

As a DCB employee, I am expected to treat guests, staff, faculty, students, and families in a cordial, civil, and respectful manner at all times, practice the values of integrity, engagement, inclusion, and passion; communicate in a professional, positive, and respectful manner; and exhibit ethical behavior.

Integrity
Values respect and honesty, adhering to ethical, data-based decision-making that promotes the mission.

Engagement
Values collaboration and active participation both in the classroom and throughout the community.

Inclusion
Values bringing different lived experiences and a range of backgrounds into a shared environment where everyone has equal access to opportunities.

Passion
Values a positive environment where all can find and pursue their passion.

Comments

III. Goals
List professional goals set for the reviewed period and comment on the results achieved. Upon review, set goals for the next period.

Last Period's Professional Goals	**Professional Goal Progress**
Next Period's Goals	

IV. Supervisor Summary:
Summary and comments about the employee's overall performance.

V. Overall Performance Rating:
Consider all performance criteria and indicate overall rating.

Select One	Level
☐	**Satisfactory** Employee consistently meets performance objectives.
☐	**Unsatisfactory** Unacceptable performance; below expectations ☐ *Performance Improvement Plan (PIP) Required*

VI. Employee Acknowledgment:

I have read my Position Description. I understand the duties/responsibilities and goals for me and my position, and I understand that this appraisal is based upon my performance in my position.

I acknowledge I have read the appraisal and have discussed its contents with my supervisor. I wish to make the following comments:

Employee Signature: _____ Date_____

Supervisor's Signature: _____ Date_____

Campus Dean Signature: _____ Date _____

FOR DEPARTMENT DIRECTORS:

☐ An updated Position Description is attached.

Original signed Performance Review along with an updated Job Description is filed in the employee's personnel file in Human Resources. Keep a copy of the Last Period & Next Period Goals for your file for updates as the situation warrants and to assist you at the end of the next evaluation period.