



## DIOCESE OF LAFAYETTE-IN-INDIANA PERFORMANCE APPRAISAL PROCESS YEAR-END / ANNUAL GOAL SETTING

NAME \_\_\_\_\_

DATE \_\_\_\_\_

POSITION \_\_\_\_\_

OFFICE \_\_\_\_\_

SUPERVISOR'S  
NAME \_\_\_\_\_

TITLE \_\_\_\_\_

**Instructions for the Staff Member.** The purpose of the Year-End Review is for you and your supervisor to discuss your job performance during the past year and determine the extent to which the agreed-upon expectations were met. Your pay increase for the next fiscal year will also be determined, which is based on your job performance and the availability of funding.

You will participate in the review process in the following ways:

1. On page 2, describe your accomplishments during the past year.
2. On page 3, describe what you consider to be areas for improvement or professional growth.
3. On page 4, describe how you express our diocesan values in your work.
4. On page 5, list the goals that you wish to pursue during the next year.
5. Finally, return this form to your supervisor. After your supervisor has completed the remaining portions, the two of you will meet for a Year-End Review.

**Instructions for the Supervisor.** After your staff member has completed the appropriate sections of this form you should:

1. List your comments on pages 2, 3, 4, and 5 regarding the staff member's accomplishments, areas of improvement, expression of our diocesan values, and goals.
2. On page 6, assign an Overall Rating to determine raise in salary.
3. Schedule a Year-End Review meeting with the staff member. At the end of the meeting, both you and the staff member should sign the form. Please provide Human Resources with the original, and make copies for yourself and your staff member.
4. Please complete a Compensation Form (see attached) and forward to the Director of Administration to process the pay increase.

**ACCOMPLISHMENTS**

**Staff Member:** Please describe your accomplishments during the past year. Include responsibilities performed, goals achieved, new assignments undertaken, and new skills mastered.

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**Supervisor:** Please list your comments regarding the staff member's accomplishments.

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**AREAS FOR IMPROVEMENT**

**Staff Member:** Please describe what you consider to be areas for improvement. Include responsibilities that have not been mastered, goals that have not been achieved, and skills that need to be enhanced.

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**Supervisor:** Please list your comments regarding the staff member's areas for improvement.

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**VALUES EXPRESSED**

1. **Service** – Exhibits hospitality and helpfulness; has a positive attitude, even during difficult situations; anticipates needs and addresses them pro-actively; displays a sense of urgency in getting work done; admits mistakes and seeks to make amends.
2. **Pro-Active Leadership** – Contributes talents and ideas for the benefit of the team; builds trusting relationships through personal integrity; encourages others through word and deed; handles conflict by developing agreements that are mutually satisfying.
3. **Communications** – Seeks first to understand the needs and ideas of others; listens empathetically and is receptive to constructive criticism; keeps others well-informed of ongoing activities and new developments; constructively challenges ideas and opinions; models collaboration and teamwork.
4. **Stewardship** – Respects the gifts and talents of self and others; is generous and willing to share time and resources; is mindful of the cost of time, materials, and effort; makes resource and budget decisions based on values, priorities, and a sense of personal responsibility; follows budge guidelines and office procedures in accordance with professional standards; is willing to take responsibility for decisions and be held accountable for actions.
5. **Life Long Learning** – Seeks to continuously improve skills, knowledge, and abilities and assists others in doing the same; willing to accept change and provide leadership in new situations; suggest opportunities for improvement and follows through with appropriate action.

**Staff Member:** Please describe how you express these values in your work as well as any areas to which you would like to give greater attention.

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**Supervisor:** Please list your comments regarding how the staff member expresses these values.

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## GOALS

**Staff Member:** Please list the goals you wish to pursue during the next year. Include goals for enhancing your knowledge as well as ways to improve the service that you provide. All goals should support the Mission Statement and Values of the Diocese.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

**Supervisor:** Please list your comments regarding the staff member's goals for the next year.

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## Overall Rating

| Rating Level                                     | Performance Description   |
|--|---|
| <input type="checkbox"/> Exceeds Expectations    | Performance is CLEARLY and CONSISTENTLY notable, exceeding expectations and goals.              |
| <input type="checkbox"/> Meets Expectations      | Performance meets established standards and is generally acceptable; solid, steady performance. |
| <input type="checkbox"/> Meets Some Expectations | Performance does not meet all expectations; improvement is needed in some areas.                |
| <input type="checkbox"/> Unacceptable            | Performance is unsatisfactory and clearly below the Acceptable level.                           |

## OTHER COMMENTS

Comments from the Supervisor about adherences to Diocesan Human Resources Policies (optional):

Additional comments from the Supervisor (optional):

## APPROVALS

My performance has been discussed with me and I have read this document.

\_\_\_\_\_  
Staff Member's Signature

Staff Member's comments about appraisal (optional):

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

# Compensation Form

Revised 9/20/04

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Status:

\_\_\_\_ Full-Time (30-40 hours per week)

\_\_\_\_ Part-Time with Pension  
(20-29 hours per week)

\_\_\_\_ Part-Time (19 hours per week)

\_\_\_\_ Temporary

Reason for Compensation (Change):

\_\_\_\_ New Hire

\_\_\_\_ Annual

\_\_\_\_ Merit

|   |
|---|
| <p>Current Annual Equivalent: \$ _____</p> <p>Percentage of Change: _____</p> <p>Adjusted Annual Equivalent: \$ _____</p> |
|---|

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please forward this form to Payroll along with any other relevant documentation. Documentation would include a signed performance evaluation and signed job description.)