



Cornell University

STAFF PERFORMANCE DIALOGUE FORM DISCUSSION FORMAT

Name

Position/Title

Supervisor

Review Date

Review Period

Department

College/Unit

PERFORMANCE LEVELS

Instructions: Select from the following performance levels to describe the staff member's overall performance during the review period. Provide explanation and/or specific examples to support the level selected.

Consistently Surpasses Expectations/Standards

Works consistently at a superior level in most aspects of position; consistently exceeds goals and expectations. Makes an exceptional or unique contribution to the unit/department.

Frequently Exceeds Expectations/Standards

Performs beyond expectations in a majority of position duties and responsibilities. Consistently meets and, at times, exceeds position expectations – making a significant contribution to the overall achievement of unit/department goals.

Fully Achieves Expectations/Standards

Fulfills position requirements, consistently meeting established goals and expectations. Performance makes the expected contributions to unit goals.

Needs Improvement

Fails to meet one or more of the significant position requirements.
Requires improvements in areas noted.

(Performance improvement plan must be developed and monitored [direct link: [html version](#); [Word version](#)]).

Fails to Achieve Expectations/Standards

Does not fulfill position requirements.

(Performance improvement plan must be developed and monitored, or termination must be initiated. [direct link: [html version](#); [Word version](#)]).

INSTRUCTIONS:

Use this guide to document that, at a minimum, the following topics have been discussed with the staff member. Use the check boxes to indicate that discussion has taken place. Relevant documentation that supports this review, e.g., performance plan, memos, e-mail, self-evaluation, job description, etc. should be on file. Provide staff member with a copy of this form when the performance dialogue discussion has been completed. *Please double-click the appropriate box and then choose the option "Checked".*

- Achievement of established goals and/or key position responsibilities, to what extent were responsibilities or goals achieved, what factors contributed to their success or failure and what might be done to ensure success in the future.
- Principle strengths and skills demonstrated and/or developed during the review period; see "Skills for Success".
- Areas for continued growth and development for current (and future) needs of the position or the needs of the unit; discuss a plan of action to achieve it.
- Staff members' position, career, or personal interest and goals, and how the supervisor might support or assist them in their effort.
- Skills or performance requiring improvement; make a plan of action to accomplish it. (See Performance Improvement Plan).
- Discuss staff member's feedback for supervisor. What can the supervisor do to help the staff member become more successful in accomplishing goals and responsibilities?
- Goals/key position responsibilities and the development plan for the up-coming review period. (Ensure staff member has a copy of these expectations.)

OVERALL PERFORMANCE EVALUATION:

Select the level which best describes the staff member's overall performance during the review period. *Please double-click the appropriate box and then choose the option "Checked".*

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|--|--|--|---|---|
| <input type="checkbox"/> Consistently Surpasses Expectations | <input type="checkbox"/> Frequently Exceeds Expectations | <input type="checkbox"/> Fully Achieves Expectations | <input type="checkbox"/> Needs Improvement* | <input type="checkbox"/> Fails to Achieve Expectations* |
|--|--|--|---|---|

*(*See Performance Improvement Plan Form)*

SUPERVISOR COMMENTS: *(Additional sheet may be attached.)*

STAFF MEMBER COMMENTS: *(Additional sheet may be attached.)*

SIGNATURES:

Immediate Supervisor: _____ Date: _____

Next level of supervision: _____ Date: _____

Staff Member: _____ Date: _____

Signatures indicate the above discussion took place between the staff member and supervisor.

For staff whose positions require adherence to NCAA guidelines: *please complete the following section:*

Staff: Please check box and provide signature and date below.

I have conducted business with full knowledge of and in full compliance with NCAA, IVY League and university policies and procedures.

Staff Member: _____ Date: _____

Supervisors: Please complete the following:

I have assessed the staff member's adherence to NCAA, Ivy League, and university policies and procedures, and the staff member has the requisite knowledge of and is in compliance with NCAA and Ivy League rules.

Supervisor: _____ Date: _____

*Questions and comments regarding Cornell University's performance dialogue process may be addressed to
Organizational Development Services, 20 Thornwood Drive, 254-6400*