

**HELP DESK TECHNICIAN
Summative Appraisal Form**

Name _____

Location _____

Appraisal Period: From _____ to _____

Date of Review _____

Directions

The following statements describe the employee who achieves success. Based on cumulative performance information, the evaluator estimates the employee's effectiveness in meeting each criterion. Rate each criterion using the scale below that most closely describes the employee's attainment of that criterion. For each domain, a comment area is provided for general statements and/or recommendations.

Rating Scale

- 5 Clearly Outstanding:** Performance is consistently far superior to what is normally expected.
- 4 Exceeds Expectations:** Performance demonstrates increased proficiency and is consistently above expectations.
- 3 Meets Expectations:** Performance meets expectations and presents no significant problems.
- 2 Below Expectations:** Performance is consistently below expectations and significant problems exist.
- 1 Unsatisfactory:** Performance is consistently unacceptable.
- 0 Not Applicable**

JOB PERFORMANCE STATEMENTS

- ____ 1. Provides first tier support and troubleshooting for computers, printers, network peripherals, and mobile devices.
- ____ 2. Analyzes technical problems through discussions and remote utilities.
- ____ 3. Logs, prioritizes, and organizes calls in the ticketing system.
- ____ 4. Monitors workflows of technical staff, and align response times with SLA's.
- ____ 5. Provides ongoing analysis for internal software upgrades and installation
- ____ 6. Tests and implements new/improved information technology products and tools
- ____ 7. Trainings of other personnel as needed.

COMMENTS: _____

Other Duties

- ____ 8. Performs other duties assigned by supervisor.

____ 9. Maintains confidentiality of information.

COMMENTS: _____

What strengths does _____ possess?

What are some improvements _____ can make to ensure a higher degree of success for students on this campus/department?

Summative Conference Comments:

Recommendation of Evaluator: I have read and received a copy of this evaluation. I have reviewed this instrument.

____ Renewal and/or Extension of Assignment

____ Non-renewal of Assignment

____ Termination of Assignment

____ Non-extension of Assignment

Administrator (Print Name)

Date

Administrator (Signature)

Date

Employee's Signature

Date