

**Third-Party Input Form**

The purpose of this form is to solicit input about an Office of Administration’s (OA’s) performance from third-parties (including colleagues, customers, and subordinates) to provide a comprehensive perspective.

Third-party input cannot be added to the OA’s permanent file unless the name of the person providing the input is furnished, or unless the OA waives their right to the names using the appropriate waiver form.

|  |  |
| --- | --- |
| **Employee Name:** |  |
| **Department:** |  |
| **Position Title:** |  |
| **Performance Period:** |  |
| **Name of person completing form:** |  |

**1. What is your working relationship with this employee?**

\_\_\_ I work in the same unit

\_\_\_ I work in a different unit

Any additional details or comments about working relationship:

**2. How long have you worked with the employee?**

\_\_\_ less than 6 months

\_\_\_ 6 months to a year

\_\_\_ 1-2 years

\_\_\_ more than 2 years

**3. How frequently do you interact or work with the employee?**

\_\_\_ daily or nearly daily

\_\_\_ weekly or a few times a month

\_\_\_ once every month or two

\_\_\_ rarely (once or twice a year)

\_\_\_ other (describe):

**4. Describe your work experience with the employee**

\_\_\_ Very positive, exceeds expectations

\_\_\_ Mostly positive, meets expectations

\_\_\_ Neutral

\_\_\_ Somewhat negative

\_\_\_ Frequently negative

Comments:

**5. Based on your interaction with the employee, please rate the employee’s skills in the following areas, using the follow scale. Include details in the *comments* section to provide context.**

Not Partially Moderately Mostly Extremely Cannot

Effective Effective Effective Effective Effective Rate

1 2 3 4 5 CR

\_\_\_\_ a. Interpersonal Communication

Comments:

\_\_\_\_ b. Responsiveness/Timeliness

Comments:

\_\_\_\_ c. Problem Solving

Comments:

\_\_\_\_ d. Productivity/Quality of Work

Comments:

\_\_\_\_ e. Collaboration/Teamwork

Comments:

\_\_\_\_ f. Respect and Regard for Others

Comments:

\_\_\_\_ g. Motivation and Initiative

Comments:

\_\_\_\_ h. Leadership and Supervision (if applicable):

Comments:

\_\_\_\_ i. Judgment

Comments:

\_\_\_\_ j. Ability to Prioritize and Adapt to Changing

Priorities

Comments:

**6. Please describe the employee’s strengths.**

**7. Please describe aspects of the employee’s work that need improvement.**

**8. Other comments, including any elaboration of ratings you made above:**