

KEAN UNIVERSITY
SINGLE-YEAR EVALUATION AND RECOMMENDATION FORM FOR NON-TEACHING
PROFESSIONAL STAFF (Page 1)

Date: _____

Name: _____

Title: _____

Date of Original Appointment: _____

(Into the "U" Bargaining Unit)

EDUCATION:

1) Degrees

2) Relevant Studies

EXPERIENCE: (In chronological order, listing Kean University first).

1)

2)

3)

4)

CURRENT ASSIGNMENT: (Attach Job description).

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SINGLE-YEAR EVALUATION AND RECOMMENDATION FORM FOR NON-TEACHING PROFESSIONAL STAFF (Page 2)

Name of Candidate: _____

Please Circle the appropriate rating for each category. "Above Satisfactory" and "Unsatisfactory" ratings must be justified in writing with specific examples and evidence of the work that was performed either above and beyond satisfactory expectations or below satisfactory expectations. Attach supporting documentation.

"Needs Improvement" ratings require a statement that explains the reason for the rating. A Performance Improvement Plan must be developed for Needs Improvement and Unsatisfactory ratings (see attached optional format).

Comments must be limited to the time period for which the candidate is under review and must be specific to the appropriate evaluation category. Comments are not to exceed one page per evaluation.

1) Effectiveness in specific duties. (e.g. dependability, reliability, consistency, availability, confidentiality.)

Above Satisfactory / Satisfactory

Needs Improvement / Unsatisfactory

2) Ability to work with students. (If applicable).

Above Satisfactory / Satisfactory

Needs Improvement / Unsatisfactory

3) Interpersonal skills; relationships with peers, supervisor and the University Community. (Includes written and verbal communication skills)

Above Satisfactory / Satisfactory

Needs Improvement / Unsatisfactory

4) Organizational skills within specific job duties. (e.g. time management and follow-up)

Above Satisfactory / Satisfactory

Needs Improvement / Unsatisfactory

5) Evidence of professional growth related to the job.

Above Satisfactory / Satisfactory

Needs Improvement / Unsatisfactory

6) Contributions over and above job fulfillment. (Positive dedication toward growth and development of the University).

Above Satisfactory / Satisfactory

Needs Improvement / Unsatisfactory

7) The supervisor has met with the candidate during the past contract period to discuss his/her job performance.

Yes

No

8) The supervisor has discussed the candidate's ability to work with students with a student representative.

Not Appropriate

Yes

No

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Name of Candidate: _____

Recommendations and Signatures:

1) Supervisor

Candidate Date

- () Recommended
() Not recommended.

() Please check only if you plan to appeal a non-recommendation. The appeal must be submitted in writing within five (5) working days to the next level of review.

2) Director / Department Head Date

Candidate Date

- () Recommended.
() Not recommended.

() Please check only if you plan to appeal a non-recommendation. The appeal must be submitted in writing within five (5) working days to the next level of review. (The Candidate's signature is required for a non-recommendation)

3) Dean (if applicable) Date

Candidate Date

- () Recommended.
() Not recommended.

() Please check only if you plan to appeal a non-recommendation. The appeal must be submitted in writing within five (5) working days to the next level of review. (The Candidate's signature is required for a non-recommendation)

4) Divisional Vice President Date

Candidate Date

- () Recommended.
() Not recommended.

() Please check only if you plan to appeal a non-recommendation. The appeal must be submitted in writing within five (5) working days to the next level of review. (The Candidate's signature is required for a non-recommendation)

* It should be understood that in those circumstances where a particular supervisory level of review does not exist, the evaluation should move to the next level of review within the timeline.