MANAGERIAL PERFORMANCE EVALUATION

##### NAME: Click here to enter text. EVALUATION YEAR: Click or tap here to enter text.

**DEPARTMENT**: Click here to enter text. **APPOINTMENT DATE:** Click or tap here to enter text.

Please check the box for the appropriate rating that you deem is most reflective of the managerial employee’s performance in each category.

## Section 1. GENERAL MANAGEMENT ABILITIES & PRACTICES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **SATISFACTORY** | **NEEDS DEVELOPMENT** | **NEEDS IMPROVEMENT** | **UNSATISFACTORY** |
| Planning |  |  |  |  |
| Organization & Administration |  |  |  |  |
| Delegation |  |  |  |  |
| Follow-up & Control |  |  |  |  |
| **Justification for ratings other than SATISFACTORY:**  Click here to enter text. | | | | |

## Section 2. INTERPERSONAL ABILITIES & RELATIONSHIPS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **SATISFACTORY** | **NEEDS DEVELOPMENT** | **NEEDS IMPROVEMENT** | **UNSATISFACTORY** |
| Relationships with Students  (if applicable) |  |  |  |  |
| Relationships with Superiors |  |  |  |  |
| Relationships with Peers |  |  |  |  |
| Supervision & Motivation of Subordinates |  |  |  |  |
| Holding Subordinates Accountable to Performance Standards |  |  |  |  |
| Innovations in Productivity & Fiscal Management |  |  |  |  |
| Stimulation & Motivation of Others |  |  |  |  |
| Communication |  |  |  |  |
| Performance Evaluation of Subordinates |  |  |  |  |
| **Justification for ratings other than SATISFACTORY:**    Click here to enter text. | | | | |

## Section 3. JOB SPECIFIC ABILITIES & ACCOMPLISHMENTS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **SATISFACTORY** | **NEEDS DEVELOPMENT** | **NEEDS IMPROVEMENT** | **UNSATISFACTORY** |
| Problem Solving |  |  |  |  |
| Decision Making |  |  |  |  |
| Goal Setting & Achievement |  |  |  |  |
| Job Knowledge |  |  |  |  |
| Management of Resources |  |  |  |  |
| Standards & Quality of Work |  |  |  |  |
| **Justification for ratings other than SATISFACTORY:**    Click here to enter text. | | | | |

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**DEPARTMENT**: Click here to enter text. **APPOINTMENT DATE:** Click or tap here to enter text.

##### 

## Section A. OVERALL RATING Current Job Description Attached?

|  |  |
| --- | --- |
| **OVERALL RATING** | |
| **Satisfactory (4)** | Fulfills position duties and responsibilities. Exceeds most performance standards. Makes a significant contribution to the overall achievement of department and University goals. A Development Plan must be developed and monitored. |
| **Needs Development (3)** | Fulfills the majority of position requirements, established goals and expectations. Performance results in contributions to department and University goals. A Development Plan must be developed and monitored. |
| **Needs Improvement (2)** | Fails to achieve desired results or significant position requirements. Requires improvements in areas noted. Performance Improvement Plan (PIP) must be developed and monitored. |
| **Fails to Achieve Expectations (1)** | Does not achieve results or fulfill position requirements. Performance Improvement Plan (PIP) must be developed and monitored. |
| **New Hire, Promotion (X)** | Does not meet minimum requirements of 1 year in position. |

**Salary Increase Recommended (4 & 3)  No Salary Increase Recommended (2, 1 & X)**

|  |
| --- |
| Employee Signature: Date: |
| Supervisor Signature: Date: |

## Section B. REVIEWER SIGNATURES

|  |  |  |
| --- | --- | --- |
|  | Recommended  For Increase | Not Recommended  For Increase |
|  |  |  |
| Department Director/Dean Signature Date |  |  |
| (if applicable) |  |  |
|  | Recommended  For Increase | Not Recommended  For Increase |
|  |  |  |
| Vice President Signature Date |  |  |
|  | APPROVED  For Increase | NOT APPROVED  For Increase |
|  |  |  |
| President Signature Date |  |  |

# DEVELOPMENT PLAN

The purpose of a Development Plan is to assist employees with development opportunities to reach their short- and long-term goals at work. The Development Plan is a continuous learning tool to enhance the employee’s performance.

**Instructions:** **Completion required if Managerial employee’s OVERALL evaluation was NEEDS DEVELOPMENT or SATISFACTORY.**

* Complete Name, Department, Job Title, Supervisor and upcoming Review Year.
  + - Section 1. Identify from 2-3 Needs Development competency areas for professional development.
    - Section 2. For each competency area, identify 2 strategies for development. Collaborating with the employee is helpful in determining which strategies will work best. Check the box under Previous Year if the competency was under development for the prior year.
    - Section 3. Collaborate with the employee in determining how the growth will be evaluated.
    - Sign, date, and provide a copy to the employee. Attach with evaluation when submitting to Human Resources.

|  |  |
| --- | --- |
| **Name:** Click here to enter text. | **Department:** Click here to enter text. |
| **Job Title:** Click here to enter text. | **Supervisor:** Click here to enter text. |
| **Upcoming Review Year:** | |

## Section 1. Identify Competency Developmental Areas (Refer to Needs Development checked competencies from evaluation.)

|  |
| --- |
| **Competency Areas** |
| 1. |
| 2. |
| 3. |

## Section 2. Strategies for Developmental Areas (Use Section 1 competency areas; Previous Year – was competency addressed in previous year?)

|  |  |  |
| --- | --- | --- |
| **Competency Areas** | **Prev**  **Year** | **Strategies for Growth**  **(How will the employee achieve growth in the competency area?)** |
|  |  |  |
|  |  |  |
|  |  |  |

## Section 3. Demonstrated growth (Refer to competencies from Section 1.)

|  |  |
| --- | --- |
| **Competency Areas** | **How will the supervisor know the employee visibly demonstrated**  **change in the competency area?** |
|  |  |
|  |  |
|  |  |

Employee: Date:

Supervisor: Date:

**PERFORMANCE IMPROVEMENT PLAN (PIP)**

**Instructions:** **Completion required if Managerial employee’s OVERALL evaluation was NEEDS IMPROVEMENT or FAILS TO ACHIEVE EXPECTATIONS.**

* Complete Name, Department, Job Title, Supervisor. Start and end dates should be a **6 month period**, but can be longer with Human Resources approval.
  + - Identify from the evaluation 3 Needs Improvement competency areas. Prioritize which area should be addressed first.
    - For each competency area, identify 2-3 strategies for employee improvement with finite due dates for each strategy.
    - The employee and supervisor must sign the document, and **a copy must be provided to the employee and to the Office of Human Resources**.
    - At a minimum, documented monthly progress meetings must be held through the length of the PIP.

|  |  |
| --- | --- |
| Name: Click here to enter text. | Department: Click here to enter text. |
| Job Title: Click here to enter text. | Supervisor: Click here to enter text. |
| Start Date: Click here to enter a date. | End Date: Click here to enter a date. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PRIORITY RANK** | **COMPETENCY AREA** | **STRATEGY FOR IMPROVEMENT** | **DUE DATE** | **Progress Notes** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |

Employee:

Supervisor:

Meeting Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_