



# NORTHERN MICHIGAN UNIVERSITY

## SERVICE STAFF EVALUATION REPORT

Period of Review: July 1, 2019 to June 30, 2020

(Alternate Period: \_\_\_\_\_ to \_\_\_\_\_) Alternate periods are only acceptable for probationary employees or with the approval of Human Resources.

Name: \_\_\_\_\_ IN Number: \_\_\_\_\_

Title: \_\_\_\_\_ Unit/Dept.: \_\_\_\_\_

Supervisor: \_\_\_\_\_

### INSTRUCTIONS FOR COMPLETION

To be used for the following employee groups:

- Technical & Office Professional Staff (TOPS) Represented by UAW Local 1950
- AFSCME Represented by AFSCME Local 1094 (Dining Service, Maintenance, Police Officers)

Directions to the Appraising Supervisor:

1. Review performance evaluation instructions provided on the Human Resources web page. (<http://www.nmu.edu/hr>)
2. Evaluate employee by completing the evaluation form.
3. Meet with the staff member, review the final form, and give it to the staff member for signature indicating the form has been reviewed with the staff member.
4. Send the review form through the supervisory chain to your Executive or Senior Management member or designee for signature.
5. The Executive or Senior Management member or designee will return the form to the reviewing supervisor for distribution of a copy to the employee and the original to the Human Resources Department.

Rating Categories:

- **EXCEPTIONALLY EFFECTIVE:** “Exceptionally Effective” should be used only for those employees who consistently go above and beyond what is expected of them, and demonstrate “exceptional” performance across all dimensions.
- **HIGHLY EFFECTIVE:** “Highly Effective” recognition levels should be used for those employees who do a great job and also perform above and beyond in some categories.
- **EFFECTIVE:** “Effective and Competent” assessments are for those employees who fulfill all the expectations of the job and do not require additional oversight or guidance.
- **LESS THAN EFFECTIVE:** “Less than Fully Effective” outcomes are for those employees who do not meet all expectations of the job, or who require a higher-than-expected level of managerial oversight. A corrective action plan must be developed immediately.
- **UNSATISFACTORY:** “Unsatisfactory” ratings are for those employees who require immediate corrective action to maintain future employment at the university. The performance improvement plan should establish satisfactory work contributions that must be maintained.

Deadlines:

Annual performance reviews are due in the Human Resources Department no later than July 30 of each calendar year.

**RATINGS FACTORS:** Indicate your rating by considering how this employee is performing on the job. For each category, place a check.

Employee has been under my supervision too short a period of time for me to give a fair evaluation. I will stop at the Human Resource Department at a later date and complete this evaluation.

	Exceptionally Effective	Highly Effective	Effective and Competent	Less than Fully Effective	Unsatisfactory
1. Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Knowledge of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Meeting Expectations – Work Schedules, Deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Interpersonal Relationships Affecting Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Initiative Displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Comments:					

**OVERALL EVALUATION OF PERFORMANCE IN PRESENT POSITION**

Exceptionally Effective	Highly Effective	Effective/Competent	Less than Fully Effective	Unsatisfactory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	4	3	2	1

**SUPPORTIVE COMMENTS:** (Must be completed for 1, 2 and 5 evaluations, giving specific facts, weaknesses/achievements)

**RECOMMENDATIONS FOR DEVELOPMENT. Define Goals; Initiatives:**

**IMMEDIATE SUPERVISOR**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**DEPARTMENT HEAD OR OTHER EVALUATOR**

Comment

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

This evaluation report has been reviewed by me and I make the following comments:

**EMPLOYEE SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_