



Employee Performance Review

Employee Name:	
Employee Name	
Location:	
Employee Work Location	
Classification Title:	
Employee Job Classification	
Working Title:	Appraisal Period:
Working Title	Appraisal Period
Immediate Supervisor:	
Supervisor Name	
<p>In compliance with Minnesota Statutes, Chapter 13.04, Subd. 2, we are informing you that the information collected through the use of this form will be used to document your performance on an annual basis. The information may be used in decisions concerning advancement, reassignment, future training needs, performance-related salary adjustments, and as evidence in contested disciplinary actions. It is legally required. Without it, there is no objective data on which to evaluate performance; therefore, no performance-based salary increases will be granted. This information is available to you, your supervisor, personnel director, and other employees at the college whose job assignment requires access.</p>	

REV: 11-2003

Original: College Personnel File
 Copies: Employee
 Supervisor

I. EVALUATION OF PRIMARY RESPONSIBILITIES

Supervisor evaluates responsibilities identified in the employee's position description. Use the COMMENTS section to support and/or qualify your evaluation. Comment must be given when "Below Standards" or "Minimally Meets Standards" is used.

Evaluation Rating Scale

1 = Below Standards

2 = Minimally Meets Standards

3 = Fully Meets Standards

4 = Exceeds Standards

Resp. #	Indicate principal responsibility from employee's position description	Rating
1	Supervisor comments:	
	Employee comments:	
2	Supervisor comments:	
	Employee comments:	
3	Supervisor comments:	
	Employee comments:	
4	Supervisor comments:	
	Employee comments:	

I. EVALUATION OF PRIMARY RESPONSIBILITIES

5	Supervisor comments:	
	Employee comments:	
6	Supervisor comments:	
	Employee comments:	
7	Supervisor comments:	
	Employee comments:	
<p>Comments related to the performance of any of the above responsibilities. Be specific regarding events, activities, or behaviors related to each responsibility as it relates to the performance rating. Ratings of 1 or 2 require specific comment.</p>		

Part A – Evaluation of Work Related Characteristics

The success of Minnesota State Community and Technical College is significantly dependent upon each employee demonstrating certain key work-related characteristics and competencies. This section is used to evaluate how the employee is meeting the general definitions/expectations outlined in each area. Should the supervisor choose to get input from others, the attached Customer Service Assessment of Work Related Characteristics form may be used.

Evaluation Rating Scale

1 = Below Expectations

2 = Minimally Meets Expectations

3 = Fully Meets Expectations

4 = Exceeds Expectations

5 = Not Applicable

#	Work-Related Characteristic	Rating
1	Adaptability/Creativity: Responds positively to change. Flexible in adapting to changing conditions. Participates in developing new processes. Effective in generating new ideas, examining, investigating and researching to bring about improvements.	
2	Communications: Effective listening, written, verbal and interpersonal skills. Written and verbal communications are clear, concise, and well organized. Seeks input and listens and understands other points of view. Openly discusses issues and opportunities; seeks varied viewpoints and experiences. Displays empathetic listening skills, respects individual differences, and responds with respect and integrity.	

I. EVALUATION OF PRIMARY RESPONSIBILITIES

3	Customer Service/Relations: Responds effectively to internal/external customer needs, requests and concerns. Consistently anticipates customer expectations and checks to ensure expectations are met. Builds effective working relationships with both internal and external customers. Promotes and represents MSCTC in a professional manner.	
4	Decision Making/Problem Solving: Displays principled decision making on a consistent basis. Thinks through problems and evaluates relevant facts to reach sound conclusions. Looked to by others for guidance in resolving problems and making decisions. Maintains confidentiality of private and sensitive information and data.	
5	Dependability/Reliability: Consistently meets deadlines and follows through on commitments and obligations. Can be counted on to achieve the best possible results. Adheres to personnel policies (example: use of benefits, work rules, etc.).	
6	Initiative/Motivation: Attempts non-routine jobs and tasks. Resourceful and self-reliant when faced with unexpected obstacles. Demonstrates ownership and accountability for accomplishing department//institution objectives. Models positive attitude and displays initiative toward continuous learning. Sets and communicates high expectations for self.	
7	Cost Consciousness: Investigates, suggests and implements cost saving measures where appropriate.	
8	Teamwork: Willing to work toward common goals. Able to facilitate teamwork and consistently displays ability to assist, impacts and influence others to achieve productive outcomes. Has a high rapport with customers, supervisors, peers, and subordinates. Models and promotes mutual respect among co-workers and customers.	
Comments related to the above key work-related characteristics and competencies. Be specific regarding exemplary strengths and opportunities for improvement. Ratings of 1 or 2 require specific documentation.		

Part B. Additional Comments Related to Employee's Performance. *This section is completed by the supervisor to provide additional comments to be considered in the performance review. The supervisor will add anything that is relevant to the employee's performance not included in Part A or B. This may include significant contributions the employee has made during the past year, exemplary strengths, opportunities for improvement and/or specific performance goals or objectives to be achieved during the next year, etc.*

Part C. Overall Performance of Employee. *This section is completed by the supervisor to provide an "overall" evaluation of the employee's performance. Check appropriate statement below. Consider all data in Sections A, B and C.*

<input type="checkbox"/>	Performance is satisfactory. Employee meets job requirements and expectations.
<input type="checkbox"/>	Performance is unsatisfactory. Employee does not meet job requirements and expectations.

Part D. Position Description Review. *A review of the position description is to be completed each year, with the understanding that it should be revised if the position changes. In any event, the position description should be rewritten every three years. A copy of the current/accurate position description must accompany the completed Performance Review and submitted to the human resources office by the due date. Human Resources will maintain the position description and make the necessary changes.*

<input type="checkbox"/>	The current position description is an accurate reflection of the current responsibilities and performance standards.
<input type="checkbox"/>	The position description is revised to reflect changes in the position.
<input type="checkbox"/>	The position description is rewritten because it is three years old.

I. EVALUATION OF PRIMARY RESPONSIBILITIES

Part E. Professional Development/Training Plan. *All employees are encouraged to participate in life-long learning. This may be done by utilizing the Professional Development Plan (PDP). Please use the PDP to define areas of opportunity for development to improve and/or enhance individual's professional growth.*

- | | |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Yes, a professional development/training plan has been completed for this employee. Plan accompanies this <i>Performance Review</i> . |
| <input type="checkbox"/> | No, a professional development/training plan has not been completed for this employee. |

Part F. Progression Increase. *If the employee is due for a progression increase, the supervisor recommends to:*

- | | |
|--------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Grant Progression Increase. |
| <input type="checkbox"/> | Withhold Progression Increase, provide rationale and indicate date of next review. |
| <input type="checkbox"/> | Deny Progression Increase, provide specific rationale. |

Part G. Probationary Employee. *If this is the final evaluation in the probationary period, the supervisor recommends:*

- | | |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Employee be certified for permanent status. |
| <input type="checkbox"/> | Employee be non-certified during probationary period and employment end on _____ (indicate date prior to end of probation) |

Part H. Employee Comments. *(The employee is encouraged but not required to comment on appraisal and performance.)*

Signature of Rater _____
I have completed the *Performance Review*.

Date _____

Signature of Employee _____
I have read the above *Performance Review*. By signing, I am not necessarily indicating agreement.

Date _____

Signature of Rater's Supervisor _____
I have reviewed and concur with above *Performance Review*.

Date _____