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

***\*Note: Managers are at-will employees and the Performance Evaluation does not constitute a contract for continued employment. Rather the evaluation should be utilized for tracking & improving performance.***

## Section 1. GENERAL MANAGEMENT ABILITIES & PRACTICES

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SATISFACTORY** | **NEEDS DEVELOPMENT** | **UNSATISFACTORY** |
| Planning |[ ] [ ] [ ]
| Organization & Administration |[ ] [ ] [ ]
| Delegation |[ ] [ ] [ ]
| Follow-up & Control |[ ] [ ] [ ]
| **Comments for ratings below *Satisfactory*:**Click here to enter text. |

## Section 2. INTERPERSONAL ABILITIES & RELATIONSHIPS

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

## Section 3. JOB SPECIFIC ABILITIES & ACCOMPLISHMENTS

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SATISFACTORY** | **NEEDS DEVELOPMENT** | **UNSATISFACTORY** |
| Problem Solving |[ ] [ ] [ ]
| Decision Making |[ ] [ ] [ ]
| Goal Setting & Achievement |[ ] [ ] [ ]
| Job Knowledge |[ ] [ ] [ ]
| Management of Resources |[ ] [ ] [ ]
| Standards & Quality of Work |[ ] [ ] [ ]
| **Comments for ratings below *Satisfactory:*** Click here to enter text. |

##### Section A. OVERALL RATING \*ATTACH CURRENT JOB DESCRIPTION

|  |
| --- |
| **OVERALL RATING** |
| [ ]  **SATISFACTORY** | Fulfills position requirements. Consistently achieves established goals and meets expectations. Performance results in contributions to department and University goals. |
| [ ]  **NEEDS DEVELOPMENT** | Does not consistently achieve desired results or significant position requirements. Requires improvements in areas noted. A Performance Improvement Plan (PIP) must be implemented. |
| [ ]  **UNSATISFACTORY** | Fails to achieve desired results and does not fulfill position requirements. Performance Improvement Plan (PIP) must be developed and monitored. |

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

## Section B. REVIEWER SIGNATURES & RECOMMENDATIONS

|  |  |  |
| --- | --- | --- |
|  | RecommendedFor Increase | Not RecommendedFor Increase |
|  |[ ] [ ]
| Department Director/Dean Signature Date |  |  |
| (if applicable) |  |  |
|  | RecommendedFor Increase | Not RecommendedFor Increase |
|  |[ ] [ ]
| Vice President Signature Date |  |  |
|  | **APPROVED****for Increase** | **NOT APPROVED****for Increase** |
|  |[ ] [ ]
| President Signature Date |  |  |

**PERFORMANCE IMPROVEMENT PLAN (PIP)**

**Instructions:** **Completion required if Managerial employee has received any rating of NEEDS DEVELOPMENT or UNSATISFACTORY.**

* 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 those competency areas where the employee did not earn a satisfactory rating. 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. | Job Title: Click here to enter text. |
| Department: Click here to enter text. | Supervisor: Click here to enter text. |
| PIP Start Date: Click here to enter a date. | PIP End Date: Click here to enter a date. |

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

Employee Signature:

Supervisor Signature:

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