**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

|  |  |  |
| --- | --- | --- |
|  | 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 |  |  |

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_