

**MACALESTER COLLEGE
STAFF PERFORMANCE EVALUATION**

Employee Name_____ Job Title_____

Department_____ Evaluation Period_____

Date Completed_____ Completed by _____
(please print)

Introduction

The purpose of a performance evaluation and this form is to facilitate the continuous process of improving performance. This form assists the employee and manager in defining agreed upon responsibilities, goals, and interests. An updated job description is the basis for evaluating performance in Section I, A. Goals, tasks, duties and projects not defined in the job description but agreed to by the supervisor and employee will be the basis for evaluating performance in Section I, B. These may come from the previous performance evaluation.

Process

- Step 1 Employee and supervisor meet to agree on the job description and to review the specific goals, tasks, duties and projects not defined on the job description (these may have been identified in the previous evaluation).
- Step 2 Employee is provided with a blank performance evaluation form to complete his/her evaluation for Section I.
- Step 3 Supervisor completes his/her evaluation for Section I.
- Step 4 Employee and supervisor discuss the Performance Evaluation, agree to goals for the following year (Section II) and identify developmental interests (Section III).
- Step 5 Employee's self evaluation (Section I) should be attached to the completed evaluation form.

SECTION I – Job Duties, Goals and Evaluations

This Section shall include both supervisors and employee's evaluation of how effectively the major job duties were performed and goals accomplished.

A. Job Duties:

Attach the previously agreed upon job description and refer to those numbered job duties as a basis for the evaluation. The supervisor and employee should separately evaluate the employee's performance. This should be done on two separate copies. If a job description does not exist please develop a description prior to completing this form that will provide the basis for an evaluation. Human Resources has a form to assist you.

Current job as defined on Job Description (use numbers from the attached description).

Supervisor/Employee Evaluation (Circle One)

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|----|
| 1. |
| 2. |
| 3. |
| 4. |

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|-----|
| 5. |
| 6. |
| 7. |
| 8. |
| 9. |
| 10. |

Attach additional sheet(s) if more than ten (10) job duties

B. Goals:

Identify the goals, tasks and projects not defined in the job description but previously agreed upon between supervisor and employee. Supervisor and employee should separately evaluate the goals accomplished by the employee (may come from previous evaluation).

| Goal | Supervisor's Evaluation | Employee's Evaluation |
|------|-------------------------|-----------------------|
| | | |
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SECTION II – Future Goals

The supervisor and employee should agree to specific goals, tasks, duties or projects that they would like to see completed during the following year. These can be used as the basis for Section I, B in the next performance evaluation. If applicable, this section should also be used to address performance issues.

| <u>Goal</u> | <u>How to Accomplish</u> | <u>Target Date</u> |
|-------------|--------------------------|--------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

SECTION III – Developmental Interests (Optional)

The focus of this section is on identifying developmental career interests that both the supervisor and employee believe may enhance the employee's motivation and growth.

| <u>Interest</u> | <u>How to Accomplish</u> | <u>Target Date</u> |
|-----------------|--------------------------|--------------------|
| 1. | | |
| 2. | | |
| 3. | | |

OVERALL PERFORMANCE RATING

Fails to Meet Multiple Requirements Needs Improvement Meets Requirements Exceeds Requirements

Comments:

If an employee "fails to meet multiple requirements" or "needs improvement", the employee will be re-evaluated on _____. (The date established should be within six months of the performance evaluation.)

SIGNATURE AND COMMENTS

*Employee Signature_____ Date_____

Comments:

Supervisor's Signature_____ Date_____

Comments:

Intermediary Supervisor's Signature_____ Date_____

(If applicable)

Comments:

Direct Report's Signature_____ Date_____

Comments:

*My signature certifies that the job performance has been discussed in detail and does not necessarily indicate agreement.

All individuals should obtain a completed copy for their files. Direct Report please send a completed evaluation, including all requested signatures to employee, supervisor(s) and Human Resources for filing in the employee's personal personnel file.

11/2003