BEMIDJI STATE UNIVERSITY

EVALUATION/PLANNING FORM

FOR

**MSUAASF BARGAINING UNIT MEMBERS**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF EMPLOYEE |  | TITLE |  |
| DEPARTMENT |  | DATE |  |

|  |  |
| --- | --- |
| NAME OF IMMEDIATE SUPERVISOR |  |

PART I

|  |  |  |
| --- | --- | --- |
| GENERAL PERFORMANCE FOR |  | YEAR |

|  |  |
| --- | --- |
| RATING SCALE FOR PART I:  S = Satisfactory  I = Needs Improvement  (Please place “S” or “I” on the line  provided by each rating category.) | PROCEDURE:  The supervisor shall meet with each MSUAASF employee to measure the current year performance of the employee in reference to general performance (Part I). |

|  |  |
| --- | --- |
| Rating | 1. ATTITUDE: Consider willingness to perform duties; drive, desire to attain goals, to achieve; initiative; self-improvement efforts; enthusiasm about job; acceptance of supervision; adaptability to changing conditions; willingness to accept responsibility and assume leadership; maturity. |
| **Supervisor Comments:** |
|  |  |

|  |  |
| --- | --- |
| Rating | 2. KNOWLEDGE OF JOB: Consider knowledge of what to do and how to do it; ability to separate the more important from the less important; ability to perform that which is required; ability to supervise (if appropriate); knowledge of overall purpose of the agency. |
| **Supervisor Comments:** |
|  |  |

|  |  |
| --- | --- |
| Rating | 3. WORK HABITS: Consider working without being prodded; industry; quantity; planning and organizing; care and preparation of equipment; observance of rules and procedures; observance of rest and lunch time limits; beginning of work promptly on time; proper use of sick and other types of leave; conduct on the job; adherence to policies and procedures; maintenance of communication. |
| **Supervisor Comments:** |
|  |  |

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| --- | --- |
| Rating | 4. QUALITY OF WORK: Consider accuracy precision; creativity; completing assignments on time; promptness of reports; work effectiveness; work acceptability; effectiveness as a supervisor (if appropriate). |
| **Supervisor Comments:** |
|  |  |

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| --- | --- |
| Rating | 5. DEPENDABILITY: Consider consistency of performance, trustworthiness; veracity; reliability; ability to withstand pressure; ability to work well under stress. |
| **Supervisor Comments:** |

|  |  |
| --- | --- |
| Rating | 6. EMPLOYEE AND PUBLIC CONTACTS: Consider ability to work harmoniously with subordinates, co-workers, supervisors, and general public; tact; friendliness; creation of favorable impression on the public; personal grooming. |
| **Supervisor Comments:** |
|  |  |

PART II

|  |  |  |
| --- | --- | --- |
| ACCOMPLISHMENTS FOR |  | YEAR |

|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYEE |  | SUPERVISOR |  |

|  |  |
| --- | --- |
| RATING SCALE FOR PART II:  5 = Successfully completed  4 = Significant progress toward completion  3 = Moderate progress  2 = Beginning stages of = progress  1 = No progress | PROCEDURE:  Progress toward completion of the predetermined accomplishments for the current year is to be evaluated in a meeting between the supervisor and the employee using the scale on the left. |

ACCOMPLISHMENTS:

PART II - CONTINUED

ACCOMPLISHMENTS:

PART III

|  |  |  |
| --- | --- | --- |
| OVERALL EVALUATION FOR |  | YEAR |

OVERALL EVALUATION: Consider each of the ratings in Parts I and II and make a subjective judgment as to the appropriate overall evaluation. Undue emphasis shall not be placed on any one particular rating category. A composite evaluation of the individual’s contribution is desired.

|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYEE |  | SUPERVISOR |  |

|  |  |
| --- | --- |
| RATING SCALE (5-1)  Exceptional contributions and  performance (5)  Exceeds expectations (4)  Meets all expectations (3)  Acceptable, but improvement  needed in some areas (2)  Performance not acceptable (1) | OBSERVATIONS: |

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature\*

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appropriate Vice President’s Signature\*\*

\*Signature indicates that the employee has at least had the opportunity to meet with the supervisor to review the evaluations in Part I (General Performance), Part II (Accomplishments), and Part III (Summary of Evaluation).

\*\*Signature indicates that the appropriate Vice President has reviewed this evaluation with the supervisor.

PART IV

|  |  |  |
| --- | --- | --- |
| INITIATIVES/GOALS FOR |  | YEAR |

|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYEE |  | SUPERVISOR |  |

PROCEDURE:

The supervisor and the employee shall meet to discuss the improvement objectives to be proposed for the new year. Upon mutual agreement, these objectives may be adjusted at any time during the new year.

INITIATIVES/GOALS

PART IV - CONTINUED

INITIATIVES/GOALS

I have met with my supervisor to finalize the objectives described above.

COMMENTS:

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature

I have met with and concur with improvement objectives of \_\_\_\_\_

COMMENTS:

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature

I concur with improvement objectives/goals as outlined above.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appropriate Vice President’s Signature

km (July 1996)