# Guidelines for Successful Completion of the Performance Evaluation for University of Idaho Classified Employees

PLEASE NOTE: Text and Check Box Form Fields have been included for your convenience. If you prefer to enter your comments on the computer (prior to printing), simply tab to the appropriate field and enter the data. Otherwise you may print a copy and fill-in by hand.

#### **Purpose:**

- To examine, discuss, and evaluate the previous year's performance. Completing the form also provides an opportunity for the supervisor and employee to identify professional development needs and define necessary goals and objectives.
- To serve as the official record supporting personnel decisions (salary increases, promotion, probation, or dismissal).

### **Frequency:**

- New classified employees receive an evaluation prior to their 3-month and 6-month anniversary dates.
- All exempt employees receive an annual evaluation based on the previous calendar year (January December). This form may be used for either exempt or classified employees. Please Note: There are alternate forms available for exempt employees ("Performance Evaluation for Exempt Personnel Alternate Format" and the "New" Staff Performance Evaluation.)

#### **Steps for Supervisor:**

- 1. Check with your college/division for guidelines to ensure consistency throughout your unit.
- 2. Give either the entire form to your employee(s) to do a self-evaluation **or** give self-evaluation and goal setting pages to the employee to complete with the instruction pages. (See #1 above). Human Resources encourages the completion of the first draft of the performance evaluation form by both parties <u>before</u> they come together for the meeting.
- 3. Refer to a copy of your employee's current results-oriented job description while completing the evaluation. In the event a current job description cannot be found, Human Resources can assist you with creating one.
- 4. Carefully complete the employee information section at the top of page 1.
- 5. Complete the grid by placing check marks or comments under the appropriate rating for each applicable category.
- 6. Complete the supervisor's comment section at any time throughout the process. Supervisors are encouraged to obtain employee feedback before completing this section.
- 7. Complete the professional development section. Supervisors are encouraged to obtain employee feedback before completing this section.
- 8. Schedule a time with your employee to discuss the evaluation and agree on job-related goals for the upcoming evaluation period. You may choose to create a Performance Development Plan (PDP) to guide the employee's work throughout the upcoming performance cycle. For more information about the PDP contact Deborah Manning, Director ODL, at 5-9161 or dmanning@uidaho.edu.
- 9. Finish all remaining sections, including the supervisor's recommendation, taking into consideration all aspects of your employee's job performance over the evaluation period.
- 10. Sign the evaluation; obtain the employee's signature, and the departmental administrator's signature.

11. Distribute copies: original with a current copy of results-oriented job description (<u>only include results-orientated job description if employees' job responsibilities have changed</u>) to Human Resources, Zip 4332; copy to employee; copy to supervisor for departmental file.

#### **Steps for Employee:**

- 1. Refer to a copy of your current results-oriented job description. If you do not have one, contact your supervisor.
- 2. Complete the evaluation form your supervisor has given you. Human Resources encourages the completion of the first draft of the performance evaluation form by both parties <u>before</u> they come together for the meeting. If you choose to leave a section of the form blank on the final copy, please write "no comment" and initial, so Human Resources does not return the form as incomplete.
- 3. Complete the employee comment section at any time throughout the evaluation process. Additional pages may be attached if necessary.
- 4. Meet with your supervisor to discuss your performance during the evaluation period and to agree on job-related goals for the upcoming evaluation period.
- 5. Sign the final version of the evaluation. Signature represents acknowledgment only, not necessarily agreement with the evaluation.
- 6. Keep a copy of the final evaluation for your records after all signatures have been obtained.

## **Special Note:**

As stated in Idaho Code 67-5309, "advancement in pay shall be based solely on performance." A performance evaluation must be on file for every employee receiving a merit increase. *Only* employees receiving an overall recommendation of "meets requirements" or better may receive a merit increase. See also Faculty-Staff Handbook section 3340.

In the event that this performance review leads to a recommendation of probation, reassignment, or termination of employment, please refer to Faculty-Staff Handbook, sections 3360 and 3930. The AVP for Human Resources or designee will work directly with the supervisor in these cases and review the evaluation **before** the form is finalized.

The evaluation form is available at <a href="www.hr.uidaho.edu/default.aspx?pid=35624">www.hr.uidaho.edu/default.aspx?pid=35624</a>. If you need assistance at any time throughout the evaluation process, please contact Deborah Manning, Director, Organization Development & Learning at 5-9161 or dmanning@uidaho.edu.

## UNIVERSITY OF IDAHO STAFF PERFORMANCE EVALUATION

Page 1					
Employee's Name (Last, First	- <u> </u>	<del></del>	<u> </u>		
Type of Evaluation: Annual	☐ 3 mo. Entrance	Probation	6 mo. Entrance Probation	Performance	Probation 🗌
Rating Period (month/day/yea	ar): From <u>/ /</u>	To <u>/ /</u> Exe	empt  Classified		
EVALUATION CRITERIA	OUTSTANDING Overall performance significantly exceeds requirements in essential job areas. (4)	EXCEEDS REQUIRE Overall performance exc requirements in essentia areas. (3)	ceeds Overall performance consis-	Overall performance needs	UNSATISFACTORY Overall performance is regularly unacceptable in one or more essential job areas. (0)
Quality of Work Consider thoroughness, accuracy, and organization of work completed.					
Quantity of Work Consider amount of work produced or performed and efficiency of resources and time.					
Job Knowledge Possesses knowledge and skills required to accomplish duties and understands relationship to other jobs/functions. Continues to develop by taking training classes.					
Initiative Takes responsibility for determining what needs to be done; strives for self-improvement; participates in training programs; exhibits willingness and ability to accept changes in job responsibility.					
<b>Dependability</b> Puts forth extra effort when needed and approved; performs consistently and reliably.					
Customer Service Strives to fulfill expectations of individuals with whom s/he interacts by responding promptly, courteously, and professionally.					
<b>Teamwork</b> Cooperates and works effectively with others; recognizes, supports, and respects others.					
Attendance Refrains from abusing leave; is punctual.					
Communications Ensures oral and/or written communications are complete, clear, and understandable; exchanges information and keeps appropriate people informed; demonstrates listening skills; conveys professional					

Employee's N	Jame (Last.	First.	MI):
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Page	4

EVALUATION CRITERIA	OUTSTANDING Overall performance signifi- cantly exceeds requirements in essential job areas. (4)	EXCEEDS REQUIREMENTS Overall performance exceeds requirements in essential job areas. (3)	MEETS REQUIREMENTS Overall performance consis- tently meets requirements in essential job areas. (2)	NEEDS IMPROVEMENT Overall performance needs improvement in essential job areas. (1)	UNSATISFACTORY Overall performance is regularly unacceptable in one or more essential job areas. (0)
Task Management Prioritizes work to achieve departmental goals.					
Safe Work Practices Demonstrates and continues to develop a thorough knowledge of safe work practices and consistently incorporates this knowledge in the performance of related job tasks.					
Decision Making Resolves day-to-day problems; takes responsibility for and makes decisions within assigned authority.					
Human Resource Management Provides adequate instruction and guidance for meeting goals; conducts performance planning and appraisals; resolves personnel issues.					

**SUPERVISOR'S COMMENTS.** Please write general comments and elaborate on employee performance, **especially** if rated outstanding, needs improvement or unsatisfactory in any of the categories listed on pages 1 and 2. Also, please review previous evaluation's goals and discuss success in achieving these goals.

Employee's Name (Last, First, MI):	Page 3
EMPLOYEE SELF-EVALUATION	
List areas in which you feel you meet or exceed position requirements and/or previous	s year's goals.
What would assist you in enhancing your performance or meeting your goals?	
<b>PROFESSIONAL DEVELOPMENT.</b> Training, conferences, seminars, and worksh period. Recognition or awards nominated for or received. Job-related licenses or cert participation during this evaluation period.	
GOAL SETTING Employee and Supervisor complete this section together.	
List job-related goals for the next evaluation period. Explain how these goals can be	achieved.

Employee's Name (Last, First, MI):	Page 4			
As stated in Idaho Code 67-5309, "advancement in pay shall be based solely on performance." A performance evaluation must be on file for every employee receiving a merit increase. <i>Only</i> employees receiving an overall recommendation of "meets requirements" or better may receive a merit increase. See also <u>Faculty-Staff Handbook</u> section 3340.				
goal setting. Place an X in the appropriate recomme	se review and consider the entire evaluation including professional development and ndation below. The recommendation should weigh the evaluation in relation to the <b>Please mark only one box: marking more than one box invalidates the</b>			
Outstanding	<del>_</del>			
<b>Exceeds Requirements</b>	<del>_</del>			
Meets Requirements	<del></del>			
Needs Improvement *	_			
☐ Place on Performance Probation				
Unsatisfactory *  Reassign on probation*	<del>_</del>			
☐ Terminate*				

\* Please refer to the <u>Faculty-Staff Handbook</u>, sections 3360 and 3930. The Assistant VP for Human Resources or designee will work directly with the <u>Supervisor and Dean/Director when this is the recommendation.</u>

Employee comments. Please share your comments. If more space is needed, please attach additional pages.

## **FSH 6240 Required Disclosure of Conflicts**

You must complete this disclosure annually with your performance evaluation. If you have a conflict to disclose then you also will need to complete Form FSH 6240A. Likewise, if there is any change in your circumstance that may give rise to potential conflicts or eliminate potential conflicts previously disclosed, then you will need to complete Form FSH 6240A within 30 days of the change. University of Idaho FSH Policy 6240 Conflicts of Interest or Commitment is available at http://www.webs.uidaho.edu/fsh/6240.html. If you have any questions about the form or about specific potential or actual conflicts of interest, please contact your unit administrator or the Chair of the university's Ethical Guidance and Oversight Committee. Disclose outside employment for compensation of more than 20 hours/week by completing FORM 6240 B – Disclosure of Outside Employment or Consulting for Compensation.

I have reviewed FSH 6240 (link) and DO NOT have any conflicts of interest, conflicts of commitment or

	apparent conflicts to report. Please sign and date below.  I have reviewed FSH 6240 (link) and DO have conflicts of interest, conflicts conflicts to report. Please, sign below, and fill out form FSH 6240A. Subryour unit administrator along with separate pages describing a plan to manaconflict.	nit completed FSH 6240A to
orovide regardin	below certifies that you have reviewed FSH 6240 regarding disclosure of conflicts, and gisclosure of any conflict is accurate to the best of your knowledge as of the date of the ate if a material change occurs in the information you have provided.	
My signature als and related attac	o acknowledges that my supervisor and I have discussed this evaluation and that I hav thence.	e received a copy of the evaluation
NOTE: Employe	e signature does not necessarily indicate agreement; signature represents acknowledgment and r	receipt of the evaluation.
This evaluation	n was reviewed with me: Employee's signature	
	Employee's signature	Date
	Please Print (Last, First, MI):	Employee V#
Rated by:		
	Signature of immediate supervisor Title	Date
	Please Print (Last, First, MI):	Supervisor V#
Reviewed by:		
	Signature and title of next higher administrator, director, dean or vice president as appropriate	Date
	Please Print (Last, First, MI):	Reviewer V#
Optional:		
	Signature and title of next higher administrator, director, dean or vice president as appropriate	Date
	Please Print (Last, First, MI):	V#
Please distribute Sen descript Plac	required for employee, immediate supervisor and next higher level. signed copies as follows: d original signed evaluation to HR with a copy of current results-oriented job description (cion if employees' job responsibilities have changed) for employee's personnel file. see a copy in departmental/college file. ee a copy to employee.	only include results-orientated job