

University of Northern Colorado Performance Pay System Planning Confirmation and Overall Evaluation Form

General Information

Planning Period: From: _____	To: _____
Employee _____	Job Title: _____
Position Number: _____	Department: _____
Supervisor: _____	

Performance Planning Management

PDQ for this position was reviewed on _____ and is current and accurate.		Supervisor initials: _____	Date _____
This performance plan has been reviewed and understood.			
Supervisor Signature _____		Date _____	
Employee Signature _____		Date _____	
Please forward copy of this page only to Human Resource Services <i>no later than April 30 of each year.</i>			

Mid-Year Progress Review Meeting

At least one coaching, or progress review meeting is required for each evaluation period; more are recommended. Indicate the date the meeting was held and the issues that were discussed.	
Issues Discussed:	
Supervisor Signature _____ Date _____	
Employee Signature _____ Date _____	
Please forward copy of this page only to Human Resource Services <i>no later than December 15 of each year.</i>	

Overall Evaluation Rating

The overall rating for the Evaluation period:		
Needs Improvement <input type="checkbox"/>	Successful <input type="checkbox"/>	Outstanding <input type="checkbox"/>
Supervisor Signature _____ Date _____		
Reviewer Signature _____ Date _____		
Employee Signature _____ Date _____		
I agree with this evaluation: _____	I disagree with this evaluation: _____	
Please make department/employee copies and then forward the original copy to Human Resource Services no later than <i>March 31st of each year.</i>		

Rating Levels: Definitions of the levels used to evaluate performance.

Definition of Level 3 (Outstanding)

This rating represents **consistently exceptional and documented performance or consistently superior achievement beyond the regular assignment.** Employees make exceptional contribution(s) that have a significant and positive impact on the performance of the unit or the organization and may materially advance the mission of the organization. The employee provides a model for excellence and helps others to do their jobs better. Peers, immediate supervision, higher-level management and others can readily recognize such a level of performance.

Definition of Level 2 (Successful)

This rating level encompasses a range of expected performance. It includes employees who are **successfully developing in the job, employees who exhibit competency in work behaviors, skills, and assignments, and accomplished performers who consistently exhibit the desired competencies effectively and independently.** These employees are meeting all the expectations, standards, requirements, and objectives on their performance plan and, on occasion, exceed them. This is the employee who reliably performs the job assigned and may even have a documented impact beyond the regular assignments and performance objectives that directly supports the mission of the organization.

Definition of Level 1 (Needs Improvement)

This rating level encompasses those employees whose performance does not consistently and independently meet expectations set forth in the performance plan as well as those employees whose performance is clearly unsatisfactory and consistently fails to meet requirements and expectations.

Marginal performance requires substantial monitoring to achieve consistent completion of work, and requires more constant, close supervision. Though these employees do not meet expectations, they may be progressing satisfactorily toward a level 2 rating and need to demonstrate improvement in order to satisfy the core expectations of the position.

Standards/Goals/Objective Associated with Success in This Position

“Standards/Goals/Objectives” are specific statements or requirements and agreed upon by the supervisor and the employee.
 “Measurement Method” reflects the evaluation basis for the expected results. “Results achieved” are the accomplishments of the employee during the evaluation period.

1	Standard/Goal/Objective:	Results Achieved: <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Successful <input type="checkbox"/> Outstanding
	Measurement Method:	
2	Standard/Goal/Objective:	Results Achieved: <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Successful <input type="checkbox"/> Outstanding
	Measurement Method:	
3	Standard/Goal/Objective:	Results Achieved: <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Successful <input type="checkbox"/> Outstanding
	Measurement Method:	
4	Standard/Goal/Objective:	Results Achieved: <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Successful <input type="checkbox"/> Outstanding
	Measurement Method:	

Behaviors Associated with Success in This Position

Select behaviors that will be evaluated. Identify priorities in order of importance with 1 being the top priority. As with standards/goals/objectives, careful discussion of expectations should occur. Please rate according to the following levels for performance:

Job Knowledge/Potential: Possesses knowledge of established policies and procedures. Possesses sufficient skills and knowledge to perform all parts of the job effectively and efficiently. Maintains quality/quantity standards. Provides technical assistance to others and is consulted by others on technical matters. Pursues professional development. Displays innovation.

Needs Improvement Successful Outstanding

Professional Conduct/Reliability: Accepts responsibility for all areas of job. Uses time effectively with minimal errors. Completes work thoroughly in a reasonable amount of time. Meets established goals. Works accurately, neatly, and attends to detail. Meets changing conditions and situations in work responsibilities. Accepts constructive criticism and suggestions and makes appropriate changes. Handles conflict in a constructive manner. Willingly accepts supervision. Can consistently be relied on to perform job. Seldom needs to be reminded. Does not abuse leave practices. Conveys positive and professional image of work unit to others.

Needs Improvement Successful Outstanding

Motivation/Commitment: Displays drive and energy in accomplishing tasks. Handles several responsibilities concurrently. Puts forth-extra effort when needed. Agrees to modify schedule or adapt plans when necessary. Self-starter. Displays positive attitude in work assignments and interactions with others. Is fully ready to work at beginning of work schedule and continues until workday is done.

Needs Improvement Successful Outstanding

Communications: Demonstrates effective listening skills. Uses appropriate language and terminology. Speaks in a manner that is understood, courteous and effective. Seeks and considers ideas from others on issues that affect them. Keeps supervisor and co-workers informed. Prepares written documents that are complete, clear and understandable. Is considerate of the communication skills of others.

Needs Improvement Successful Outstanding

Interpersonal Relations: Maintains smooth working relations, support and respect of others. Demonstrates tact and diplomacy in negotiations or confrontations with others. Contributes to employee morale and motivation. Is accessible to others and responsive to their questions, needs and concerns. Supports and appreciates the diversity of co-workers, students, customers, and visitors. Works well as a team member. Displays an appropriate balance between personal effort and team effort.

Needs Improvement Successful Outstanding

Problem Solving/Reasoning: Recognizes and analyzes work related problems. Uses available resources to evaluate and recommend potential solutions. Ability to use good judgment to arrive at sound conclusions. Ability to take timely action.

Needs Improvement Successful Outstanding

Customer Service: Provides prompt and friendly service to internal and external customers. Helps identify customer needs through courteous questioning and a sincere desire to be helpful. Follows up with customers, as appropriate, to insure satisfaction. Considers and recommends alternatives to customers when needed.

Needs Improvement Successful Outstanding

__ **Safety:** Aware of job safety procedures. Keeps abreast of changes in safety procedures. Practices safe work habits. Reports possible safety hazards to supervisor. Attends safety-training programs, as appropriate.

Needs Improvement

Successful

Outstanding

__ **Management:** Develops, evaluates and implements efficient and effective operational processes and procedures. Identifies problems, seeks appropriate input, develops solutions and recommends plan to improve processes and procedures. Creates and maintains a positive goal-oriented environment free from bias and favoritism. Applies management practices consistently and fairly. Adheres to and actively supports the University's commitment to diversity and equal opportunity.

Needs Improvement

Successful

Outstanding

__ **Supervision:** Employees supervised demonstrate productivity, competence and high morale. Provides supervision, feedback and training for employees. Utilizes employee's skills and abilities. Conducts performance planning and evaluations for employees in a timely manner. Develops goals, objectives and deadlines and communicates them to employees. Resolves routine personnel issues or problems.

Needs Improvement

Successful

Outstanding

Training and Development Plans

Narrative Section

(For use by Supervisor to justify the evaluation or by Employee to explain disagreement with the evaluation; attach additional sheets if necessary)._____

UNIVERSITY OF NORTHERN COLORADO
PERFORMANCE PAY SYSTEM
OPTIONAL EMPLOYEE SELF EVALUATION OR FEEDBACK FORM

Employees are **encouraged** to complete the self-evaluation form. This form may also be used by the supervisor to secure feedback from co-workers, other departments, etc.

Name: _____	Date: _____
Department: _____	Position # _____
Supervisor: _____	_____

Instructions: Employees choosing to write an optional “Self Evaluation” should complete this form and submit it to their supervisor for inclusion with final evaluation.

ACCOMPLISHMENTS:

STRENGTHS:

FURTHER PROFESSIONAL DEVELOPMENT AREAS:

UNIVERSITY OF NORTHERN COLORADO
Performance Pay System Dispute Resolution Form
 (If this form is not applicable, please discard.)

Date:			
Employee's Name		Job Title:	
Department		Supervisor:	

I wish to have the following reviewed:

<input type="checkbox"/>	1. My performance plan or lack of a plan. The error or problem is:
<input type="checkbox"/>	2. My performance rating. The error or problem is:
<input type="checkbox"/>	3. The application of the UNC Peak Performance plan, process, or policies to my plan or evaluation. The error or problem is:
<input type="checkbox"/>	4. Full payment of my award. The error or problem is:
To resolve this issue, I have taken the following actions:	

Employee's Signature _____	Date: _____
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For additional information, consult your supervisor or Human Resource Services. Submit copies to your supervisor and to Human Resource Services.