

APPENDIX J
COLLEGE OF MICRONESIA-FSM
PERFORMANCE EVALUATION
(FOR CLASSIFIED & PROFESSIONAL STAFF)

Employee		Position Title	
Activity/Department		Supervisor	
Reason(s) for Evaluation			
<input type="checkbox"/> Probation <input type="checkbox"/> Step Increase <input type="checkbox"/> Contract Renewal <input type="checkbox"/> Promotion <input type="checkbox"/> Annual Review <input type="checkbox"/> Other _____			
Period Covered		Evaluation Date	Return Date
From	To		

CODE	PERFORMANCE LEVEL	DESCRIPTION
O	Outstanding	Performance <u>consistently exceeds</u> expectations in <u>all</u> areas listed.
HE	Highly Effective	Performance <u>consistently meets</u> expectations in <u>all</u> areas listed AND <u>exceeds</u> expectations in <u>some</u> areas listed.
E	Effective	Performance <u>consistently meets</u> expectations in <u>all</u> areas listed.
NI	Needs Improvement	Performance <u>does not meet</u> expectations in a <u>few</u> areas listed.
U	Unsatisfactory	Performance <u>does not meet the above criteria</u> .
NA	Not Applicable	Factor does not apply to the job.

PLEASE NOTE: A rating of **NEEDS IMPROVEMENT** and/or **UNSATISFACTORY** requires specific explanation and justification in the space provided, and an action plan for improvement. Should you have any questions on completion of the appraisal, please contact the Human Resources Director.

Rate the employee on:

Performance Level

O	HE	E	NI	U	NA
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JOB UNDERSTANDING

1. **Job knowledge.** Consider the extent to which the employee understands objectives, duties, and responsibilities of the job.

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2. **System knowledge.** Consider the extent to which the employee understands the laws, rules, regulations, policies, procedures, and guidelines that apply to the job.

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3. **Skill base knowledge.** Consider the extent to which the employee has the knowledge, skills, and abilities necessary to carry out all tasks listed in the job description.

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PRODUCTIVITY

4. **Application.** Consider how proficient the employee applies policies, procedures, and guidelines.

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5. **Quality of work.** Consider the extent to which the work output of the employee is complete and accurate.

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6. **Decision making.** Consider how proficient the employee is at arriving at sound decisions.

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7. **Implementation.** Consider how proficient the employee is at carrying out decisions.

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8. **Use of resources.** Consider how proficient and careful the employee is in using necessary machines, equipment, and materials to accomplish work.

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9. **Punctuality.** Consider the extent to which the employee complies with the working hours policy.

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10. **Time management.** Consider the extent to which the employee organizes and manages his/her time in meeting schedules, work projects, deadlines, priorities, and appointments

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11. **Initiative.** Consider the degree to which the employee is self-starting and assumes responsibilities when specific directions are lacking.

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12. **Perseverance.** Consider the extent to which the employee follows a task through to completion in spite of setbacks or discouragement.

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13. **Thrift.** Consider the extent to which the employee minimizes waste in using supplies and materials.

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SELF MANAGEMENT - PEOPLE CENTERED

14. **Attitude.** Consider the extent to which the employee displays enthusiasm, adaptability, and flexibility toward accomplishing tasks.

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15. **Interpersonal relations.** Consider how well the employee demonstrates patience, consideration, courtesy, and respect for others.

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16. **Individual Cooperation.** Consider the extent to which the employee works well with others on an individual basis.

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17. **Team Cooperation.** Consider the extent to which the employee contributes to a group effort.

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COMMUNICATION

18. **Oral skills.** Consider the extent to which the employee speaks in a clear, concise, logical, and objective manner.

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19. **Written skills.** Consider the extent to which the employee writes ideas and information in a clear, concise, logical and objective manner.

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20. **Listening skills.** Consider the degree to which the employee listens and understands information communicated to him/her.

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THIS PAGE IS FOR EMPLOYEES WITH SUPERVISORY RESPONSIBILITIES

O HE E NI U NA

SUPERVISORY ABILITY

1. **Duty Comprehension.** Consider the extent to which the supervisor understands his/her duties as a supervisor.

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2. **Planning.** Consider the extent to which the supervisor effectively prioritizes, timelines, and delegates tasks to their staff.

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3. **Mentoring.** Consider the extent to which the supervisor works with each member toward improving their job performance throughout the year.

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4. **Leadership.** Consider the extent to which the supervisor inspires and directs staff to achieve department and institution goals.

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5. **Communication.** Consider the extent to which the supervisor keeps staff informed on items that affect their jobs.

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6. **Fairness.** Consider the extent to which the supervisor treats staff equally and consistently over time.

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7. **Conflict Resolution.** Consider how proficient the supervisor is in handling conflict within their department.

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8. **Evaluation.** Consider the extent to which the supervisor conducts the performance evaluation process.

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Indicate employee's achievements and strengths, especially noting outstanding contributions to the division, department, or the college.

Indicate areas that need improvement.

General Comments.

Evaluated by: _____ Title: _____ Date: _____

EMPLOYEE'S COMMENTS

Record any comments concerning the performance evaluation you wish to share. If you do not agree with this evaluation, submit your reasons to your supervisor within one week.

I have reviewed this document and discussed the contents with my supervisor/co-supervisor. My signature means that I have been advised of my performance status and DOES NOT NECESSARILY IMPLY THAT I AGREE WITH THIS EVALUATION.

Employee's Signature: _____ Date: _____

REVIEWED BY:

Co-Supervisor[if applicable]: _____ Date: _____

Vice President: _____ Date: _____

HUMAN RESOURCES OFFICE
(for HRO use only)

Received By: _____ Date: _____

Salary Increment Increase Effective Date _____ Step: _____ Amount: \$ _____

Contract Renewal Effective Date: _____ Step: _____ Amount: \$ _____

Human Resources Director: _____ Date: _____