

Human Resource Services FORM RESOURCES

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 Phone 304.696.6455, FAX 304.696.6844, E-mail human-resources@marshall.edu, Web <http://www.marshall.edu/human-resources/>
 For any questions about or assistance with HR Services forms, contact the HR Services Team at the above address.

PERFORMANCE ASSESSMENT FORM FOR CLASSIFIED EXEMPT EMPLOYEES

This form is to be used in the performance assessment of Marshall University and Marshall Community and Technical College classified employees on regular-status and probationary-status appointments who are in Fair Labor Standards Act (FLSA) exempt status and of non-classified employees. Instructions for the use of this form appear on the last page. The employee's department, office, school, etc., is referred to herein as the "work unit." Any questions or comments with regard to the content or completion of the form may be directed to Human Resource Services at (304) 696-6455 or by e-mail to human-reesources@marshall.edu. Use of this form is governed by Marshall University Board of Governors Policy HR-12, Performance Assessment, Classified and Nonclassified Employees, and Marshall University Human Resource Services Procedure MU-HR-12, Performance Assessment, Classified and Nonclassified Employees.

Employee:		
Supervisor:		
Work Unit:		
MU ID #:		
Employee's Position Title:		
Assessment Period:	From:	To:
Date Assessment Conducted:		
Assessment Type:	<input type="checkbox"/> Annual assessment. <input type="checkbox"/> Probationary/transfer assessment. <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months	

1. On an overall basis, how was this employee's work performance during the preceding assessment period?
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Unsatisfactory
2. How was this employee's working relationship with supervisors, peers, and customers during the preceding assessment period?
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Unsatisfactory
3. During the next 12 months (or other assessment period), what does the employee expect to contribute to the accomplishment of the mission of the work unit in specific terms of tasks, projects, activities, behaviors, or work improvements?

4. During the next 12 months (or other assessment period), what does the *supervisor* need the employee to do (or not to do) specifically in order to facilitate the accomplishment of the mission of the work unit?

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5. Are any kinds of changes in performance, behavior, or attitudes called for by the supervisor from the employee in order to properly accomplish the mission of the work unit (i.e.- what can be improved)?

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6. What, if anything, would the employee request from the supervisor in order for the employee to be excellent in his/her own work performance during the next 12-month period (or other assessment period)?

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7. What does the supervisor consider to be the most significant strengths of this employee?

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8. What kinds of training (subjects for workshops, seminars, on-line training, or self-study) does the employee need in order to provide excellent work performance? Be specific as to subject and level of competence required/desired. Both employee and supervisor should respond as appropriate.

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At least once in the last year the supervisor and the employee have reviewed the standard classification description for the employee's position (if the employee is in a classified staff appointment). Yes No. Any significant differences between current job duties and responsibilities and the standard classification description should be reported to Human Resource Services by calling (304) 696-6253 or by sending e-mail to racerg@marshall.edu.

The employee, the supervisor/lead, and the next-level supervisor are asked to sign and date the form below indicating their participation in its completion. If the employee does *not* agree with all the comments contained in the assessment form and checks "no" in the appropriate box below, Human Resource Services will contact the employee to attempt to resolve any misunderstandings and mediate any differences. Send completed, signed form to Human Resource Services in a **sealed envelope**. The employee and supervisor should each retain a signed copy of the assessment.

Participant	Signature	Date	Agree with the contents of this form?
Employee			<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dean/Director/ Vice President			<input type="checkbox"/> Yes <input type="checkbox"/> No

DISTRIBUTION: SIGNED ORIGINAL TO HUMAN RESOURCE SERVICES, 207 OLD MAIN
 SIGNED COPY TO EMPLOYEE
 SIGNED COPY TO SUPERVISOR

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