

Human Resource Services FORM RESOURCES

Human Resource Services, Marshall University, 207 Old Main, One John Marshall Drive, Huntington, WV 25755
 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 NON-EXEMPT EMPLOYEES

This form is to be used in the performance assessment of Marshall University and Marshall Community and Technical College classified employees in Fair Labor Standards Act (FLSA) non-exempt status on regular-status or probationary-status appointments and is to be completed at least yearly within one month of the anniversary date of the employee's current appointment and at three months and six months following date of initial hire or when promoted/transferred. See instructions at the end of the form. The employee's department, office, college, etc., is referred to herein as the "work unit." Questions/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-resources@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-AP-12, Performance Assessment, Classified and Nonclassified Employees.

Employee:			
Supervisor/Lead:			
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		

The Supervisor/Lead is to answer the following questions:

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. On an overall basis and as appropriate, how was this employee's compliance with workplace safety and health requirements 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
4. On an overall basis during the preceding assessment period, how was this employee's performance in terms of attendance and compliance with work schedule, including beginning time, breaks, lunch, and ending time?
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Unsatisfactory
5. During the next assessment period, does this employee need to make any improvements in work performance, changes in workplace behavior or attitude, or other improvements?
<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please write comments in the block on the <u>next page</u> .)

--

6. Does this employee require any training or other skills improvement in order to better perform his/her job?

Yes No

7. If yes, please describe in detail below. HR Services will use this information to plan training and development activities.

--

8. Are there any problems, issues, or opportunities with regard to this employee from the preceding assessment period for which assistance or support from HR Services would be helpful?

Yes No (If YES, the employee and/or the supervisor/lead will be contacted by HR Services.)

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

--

The space below is reserved for comment by the employee.

Does the employee wish to make any comments with regard to this performance assessment? If yes, please note comments in the space below.

--

At least once in the last year the supervisor and the employee have reviewed the standard classification description for the employee's position. 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 if the appropriate box is checked "no" below, Human Resource Services will contact the employee to attempt to resolve any misunderstandings and mediate any differences. Send completed, signed form to HR Services in a **sealed envelope**. The employee and supervisor should each retain a signed copy of the assessment. Optionally the next-level supervisor may retain a signed copy.

Participant	Signature	Date	Agree with the contents of this form?
Employee			<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor/Lead			<input type="checkbox"/> Yes <input type="checkbox"/> No
Next-Level Supervisor			<input type="checkbox"/> Yes <input type="checkbox"/> No

DISTRIBUTION: SIGNED ORIGINAL IN SEALED ENVELOPE TO HUMAN RESOURCE SERVICES, 207 OLD MAIN
 SIGNED COPY TO EMPLOYEE
 SIGNED COPY TO SUPERVISOR/LEAD
 OPTIONAL - SIGNED COPY TO NEXT-LEVEL SUPERVISOR

HR-SERV-FORM-19 V022107