



Report of Performance for Permanent Support Staff Teamsters

Employee Return to Human Resources before 6/30/

Evaluation

Other

From: 5/1/ to 4 /30/

Employee Full Name	Position	Division/Department	Date of Appointment

	Not Satisfactory	Satisfactory	Above Satisfactory	SECTION A Rate only those factors that apply to this position. Immediate supervisor must check each appropriate factor in the proper columns. Additional factors may be added as appropriate.	Not Rated
				1. Observance of work hours	
				2. Attendance	
				3. Public contacts	
				4. Employee contacts	
				5. Communication with others	
				6. Knowledge of work	
				7. Work judgments	
				8. Planning and organizing	
				9. Job skill level	
				10. Quality of work	
				11. Acceptable work volume	
				12. Meeting deadlines	
				13. Accepts responsibility	
				14. Accepts direction	
				15. Operation and care of equip.	
				16. Initiative and creativity	
				17. Learning ability	
				18. Work station appearance	
				19. Safety practices	
				20. Accepts change	
				21. Effectiveness under stress	
				22.	
				23.	
				24.	
For employees who supervise others					
				25. Work coordination	
				26. Planning and organizing	
				27. Scheduling and coordinating	
				28. Training and instructing	
				29. Productivity	
				30. Evaluating subordinates	
				31. Judgments and decisions	
				32. Leadership skills	

SECTION B: Record Job STRENGTHS and superior performance incidents. Must be completed if rating is above satisfactory.

SECTION C: Record specific work performance DEFICIENCIES or job behavior requiring improvement or correction. Must be completed if rating is unsatisfactory.

SECTION D: Record specific GOALS or IMPROVEMENT PROGRAMS to be undertaken during the next evaluation period.

SECTION E: N/A

SECTION F: The last position description on file in this office is dated:

Is this description still accurate? Yes No

We have no position description for this position

SECTION G: Overall Performance Rating

Not Satisfactory

Satisfactory

Above Satisfactory

I certify this report represents my best judgment.

	Name	Title	Signature	Date
Rater				
Appropriate Administrator				

Employee: I certify this report has been discussed with me. I understand my signature does not necessarily indicate agreement.

Comments			
----------	--	--	--

Once complete, please make a copy for your records and the employee before sending the original to Human Resources.

It is the appropriate administrator's or designated evaluator's responsibility to properly evaluate employees. If, before starting the evaluation process, there are any questions, please contact Human Resources. If an evaluation is going to be negative, please first contact Human Resources. A performance evaluation is considered a draft evaluation until it contains the signature of the appropriate administrator.

Article 12 of the Teamsters Collective Bargaining Agreement outlines the process for employee performance evaluation.

- 12.1. Employees shall be subject to periodic performance evaluations. Employee performance evaluations are for the purpose of evaluating individual employee performance and for providing guidance for performance development and improvements. An employee and the appropriate administrator, upon the request of either, also may meet informally to discuss any concerns either may have regarding the employee's performance. Such meetings are not considered performance evaluations and therefore are not subject to the provisions of this Article.
- 12.2. Evaluations should be a review of the employee's performance, written by a nonbargaining unit evaluator, and based upon jobrelated criteria, including input from the employee and the employee's bargaining unit Supervisor where appropriate.
- 12.3. Performance evaluations shall be in writing and shall be placed in the employee's personnel file. The employee shall be provided with a copy of the official performance evaluation which is to be placed in his/her personnel file prior to such placement.
- 12.4. A permanent employee shall be evaluated at least annually.
- 12.5. A probationary employee shall be evaluated within two (2) weeks of having completed the sixth (6th) and eleventh (11th) month of the probationary period.
- 12.6. A temporary employee shall be evaluated at least once every appointment period, but not less than once per year.
- 12.7. Evaluations shall be signed by the evaluator and the employee. The employee's signature indicates that the employee has reviewed the evaluation with the evaluator, but does not necessarily indicate agreement with the content of the evaluation.
- 12.8. The employee shall be given the opportunity to discuss the evaluation in a meeting with the appropriate administrator. Such a meeting shall take place at a mutually acceptable time and location. The performance evaluation of an individual with an overall performance rating of below satisfactory shall provide an explanation for the rating.
- 12.9. If an employee disagrees with the written performance evaluation, the employee may submit a rebuttal statement which shall be attached to the written performance evaluation and placed in the personnel file. The employee may also request a second meeting with a union representative present to further discuss the evaluation. Such a meeting shall take place at a mutually acceptable time and location.
- 12.10. The term "evaluator" as used in this Article refers to the non-bargaining unit person designated by the appropriate administrator to conduct the performance evaluation of an employee.
- 12.11. The content of performance evaluations shall not be subject to the provisions of Article 9, Grievance Procedure.

INSTRUCTIONS FOR USE OF THE PERFORMANCE EVALUATION

1. Due dates must be observed.
2. Performance evaluations provide a written record for employees of a "job well done."
3. Evaluations are also an important document in any disciplinary action. Before taking any action, you must consult with the AVP of Human Resources. Disciplinary action requires evidence of preceding warning and reports bearing the signature of evaluator and employee, or otherwise certified. Unscheduled reports may be filed at any time for any employee.
4. If space for comments is inadequate, similarly dated and signed attachments may be made (either typewritten or in ink.)
5. Follow the instructions and upload the Evaluation Form and Attachments to Adobe Sign. [Learn How Here.](#)

SECTION A: Check one column for each factor. If additional explanation is warranted use section B or C as appropriate. Additional spaces have been provided to write any additional factors. Any unsatisfactory check mark requires specific explanation in SECTION C.

SECTION F: Please verify that the position description on file in Human Resources is still accurate.

SECTION G: You must complete this section.

If you have questions regarding this form or the evaluation process, please contact Human Resources, extension 3626