

**NDNU Non-Exempt Performance Rating
UNION STAFF**

Employee Name: [Click here & type] _____ Reviewed By: [Click here & type] _____
 Title of Position: [Click here & type] _____ Period Covered By Review (Month/Year): [Click here & type] _____
 Department: [Click here & type] _____ Yearly Review Probationary Review

Definitions of Performance Ratings: (TO BE USED IN RATING PERFORMANCE)

E Excellent. Performance clearly exceeds most or all position requirements. Performance is of high quality and is achieved on a consistent basis.

G Good. Competent and dependable level of performance. Meets the performance standards of the job.

I Improvement Needed. Performance is deficient in certain areas. Improvement is necessary.

U Unsatisfactory. Performance is generally unacceptable and requires immediate improvement.

Note: The descriptions below describe the performance for a "good" rating. Address in "Comments" either further detail regarding the "good" rating or an explanation of a rating other than "good."

	E	G	I	U	
	check one				
<u>QUANTITY AND QUALITY OF WORK</u>					
- Understands duties and how to perform them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Provides quality customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Follows instructions as directed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Competes tasks on time and thoroughly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Works safely following approved procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Practices principles of sanitation; keeping work areas clean, handling food safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Understands and follows policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>DEPENDABILITY</u>					
- Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Meets deadlines and completes work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>INTERPERSONAL RELATIONS IN A DIVERSE COMMUNITY</u>					
- Maintains a good working relationship with others possessing language, cultural, ethnic, physical and other differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Works effectively with students and public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Communicates accurately and clearly in both written and oral communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>INITIATIVE</u>					
- Performs additional tasks to assist others after duties are completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Makes appropriate suggestions to improve operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Displays interest in cross-training or job expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

List the major strengths of this employee to the work group and the University.

Discuss areas of performance identified for improvement.

List below training this employee received in the past twelve months.

Diversity: _____

IIPP/Health and Safety: _____

In-Service: _____

Other: _____

Recommended training for this coming year: _____

Progress towards meeting current year goals: Please list goals/objectives below: Comment on the status of each goal. If a goal was not accomplished, please state why.

Goals/objectives for coming year: List below at least two goals/objectives and/or projects to be completed. List as a goal any area identified on this review for improvement. List also any training goals.

OVERALL PERFORMANCE RATING:

Excellent Good Improvement Needed Unsatisfactory

If "Improvement Needed" or "Unsatisfactory" rating is checked, please complete: Follow-up evaluation scheduled for (Month/Day/Year):

EMPLOYEE COMMENTS:

The employee is encouraged to respond to this evaluation. The employee is further encouraged to suggest ways to improve operations. Attach a separate page if necessary.

Note: The employee's signature indicates that he/she has reviewed and discussed this evaluation with the supervisor and does not imply that the employee either agrees or disagrees with this evaluation. A copy of this evaluation was given to the employee.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Next-Level Supervisor _____ Date _____

NDNU HR Director _____ Date _____

(NDNU HR Director signature required for Improvement Needed and Unsatisfactory rating.)