



PERFORMANCE EVALUATION NON-UNIT MANAGER

PART I: GENERAL INFORMATION

Name: _____

State Title: _____

Campus Title: _____

Department: _____

Annual Evaluation Period: July 1, 20 to June 30, 20

PART II: EVALUATION OF SPECIFIC AREAS

Workflow Process

- 1) **Employee completes** self-evaluation in the EMPLOYEE SECTIONS for each area of evaluation.
- 2) **Employee signs** verifying self-evaluation is complete and **submits** to **Supervisor** for response.
- 3) **Supervisor completes** the SUPERVISOR SECTIONS for each area of evaluation.
- 4) **Supervisor signs** verifying their response is complete and **submits** to **employee** for review and/or additional comments. A meeting with the employee is *recommended* before next step to allow for discussion.
- 5) **Employee** may record **additional comments** (optional) and **signs verifying receipt** of completed evaluation.
- 6) The form routes to **Division VP**, if applicable, for **signature verifying receipt** before final *routing to HR*.

Rating Scale

- **Significantly Exceeds Expectations** – work is performed in a distinguished superior manner achieving all goals at a level significantly above expectations; very few employees will achieve this rating.
- **Exceeds Expectations** – work is performed with a high degree of competence and all goals are achieved at a level typically above standard.
- **Meets Expectations** – work is performed in an acceptable manner achieving goals at a level that meets the standard.
- **Does Not Meet Expectations** – work is performed below the standard requirement; has trouble meeting some goals; room exists for improvement.
- **Unsatisfactory** - significantly deficient in skills and abilities.

Areas of Evaluation

- Management
- Leadership/Supervision
- Strategic Planning and Assessment
- Financial/Budget Management
- Work Ethic
- Communications/Interpersonal Skills
- Community Relations/Services

Evaluation Schedule	
Employee self-eval period ends	June 30
Employee self eval due to supervisor	July 15
Supv completes eval and reviews w/employee	August 15
Supv submits completed eval to Division VP	August 31
Division VP reviews and submits to HR	September 15

Contact HR@westfield.ma.edu for assistance.

This form available at <https://www.westfield.ma.edu/offices/hr-titleix-eo/forms-and-resources>

Management – Effectively oversees departmental programs and projects; plans and organizes work; delegates, coordinates and effectively uses time; counsels, develops, evaluates, and advances subordinates effectively; demonstrates and applies professional skills and knowledge in field of responsibility.

EMPLOYEE SECTION

Rating: Significantly Exceeds | Exceeds | Meets | Does Not Meet | Unsatisfactory

Response:

SUPERVISOR SECTION

Rating: Significantly Exceeds | Exceeds | Meets | Does Not Meet | Unsatisfactory

Response:

Leadership/Supervision – Provides effective leadership and supervision for department/area; exercises sound judgement; demonstrates ability to motivate and manage others; sets appropriate expectations for employees; hold employees accountable; provides dynamic and creative leadership.

EMPLOYEE SECTION

Rating: Significantly Exceeds | Exceeds | Meets | Does Not Meet | Unsatisfactory

Response:

SUPERVISOR SECTION

Rating: Significantly Exceeds | Exceeds | Meets | Does Not Meet | Unsatisfactory

Response:

Strategic Planning and Assessment – Sets appropriate goals and objectives for area; offers valuable participation in university planning and assessment; employs assessment tools to effectively evaluate and improve programs; seeks to implement mission of the University in annual planning.

EMPLOYEE SECTION

Rating: Significantly Exceeds | Exceeds | Meets | Does Not Meet | Unsatisfactory

Response:

SUPERVISOR SECTION

Rating: Significantly Exceeds | Exceeds | Meets | Does Not Meet | Unsatisfactory

Response:

Financial/Budget Management – Demonstrates fiscal responsibility and efficient utilization of resources; uses responsible, cost-effective purchasing practices; complies with University financial policies and procedures.

EMPLOYEE SECTION

Rating: Significantly Exceeds | Exceeds | Meets | Does Not Meet | Unsatisfactory

Response:

SUPERVISOR SECTION

Rating: Significantly Exceeds | Exceeds | Meets | Does Not Meet | Unsatisfactory

Response:

Work Ethic – Demonstrates high ethical standards; sets positive example for subordinates; seeks opportunities for creativity and new achievements in work area; takes pride in work; demonstrates willingness to go beyond expectations.

EMPLOYEE SECTION

Rating: Significantly Exceeds | Exceeds | Meets | Does Not Meet | Unsatisfactory

Response:

SUPERVISOR SECTION

Rating: Significantly Exceeds | Exceeds | Meets | Does Not Meet | Unsatisfactory

Response:

Communications/Interpersonal Skills – Effectively communicates with others in writing and speaking; listens carefully, represents the University well in internal and external communications; gains respect of academic, internal, and external community; fosters environment of respect and civility.

EMPLOYEE SECTION

Rating: Significantly Exceeds | Exceeds | Meets | Does Not Meet | Unsatisfactory

Response:

SUPERVISOR SECTION

Rating: Significantly Exceeds | Exceeds | Meets | Does Not Meet | Unsatisfactory

Response:

Community Relations/Services – Volunteers and participates in University governance and/or professional organizations; participates in campus and community activities; represents the University well in various external forums.

EMPLOYEE SECTION

Rating: Significantly Exceeds | Exceeds | Meets | Does Not Meet | Unsatisfactory

Response:

SUPERVISOR SECTION

Rating: Significantly Exceeds | Exceeds | Meets | Does Not Meet | Unsatisfactory

Response:

PART III: ACCOMPLISHMENTS AND GOALS

Accomplishments: Identify any extraordinary achievements, notable service, or exemplary contributions to the university community made within this evaluation period.

EMPLOYEE RESPONSE:

SUPERVISOR RESPONSE:

Goals: Identify goals for the upcoming evaluation period.

EMPLOYEE RESPONSE:

SUPERVISOR RESPONSE:

PART IV: ADDITIONAL COMMENTS AND SIGNATURES

Employee Comments (optional):

Supervisor Comments (optional):

Signatures

Employee **Self-Eval** Completed By: _____ Date: _____

Supervisor **Eval** Completed: _____ Date: _____

Employee **Receipt** of Supervisor Eval: _____ Date: _____
(Does not imply agreement with the evaluation)

Division VP Signature (if applicable): _____ Date: _____

Received by Human Resources: _____ Date: _____