

## 2017 ANNUAL EMPLOYEE ASSESSMENT (Group A)

INSTRUCTIONS: Complete this form and return the original to the departmental payroll clerk. Retain original in Departmental Personnel File and provide a copy to the employee.

1. Employee's Name (First, MI, Last):		2. Employee ID:	
3. Job Title:		4. Department/Division:	
5. Appointment Date (to this position):		6. Salary Anniversary Date:	
7. Listed below are the factors on which you are to assess the employee. Next to each factor are examples that describe performance at the MEETS JOB REQUIREMENTS level. These are provided as reference points for assessing performance. Indicate your rating for each factor by placing an "X" in the boxes provided. Comments should be recorded in the boxes for any factors that are rated <i>NEEDS IMPROVEMENT</i> . Attach additional page(s) as necessary.			
<b>MJR = MEETS JOB REQUIREMENTS    NI – NEEDS IMPROVEMENT</b>			
Factor	“MEETS JOB REQUIREMENTS” Standards and Expectations	MJR	NI
<b>A. PRODUCTIVITY</b>	<ul style="list-style-type: none"> <li>▪ Manages own time and uses appropriate work methods, techniques, and equipment to achieve the most effective and efficient result in the time available.</li> <li>▪ Demonstrates skill and proficiency in carrying out assignments.</li> <li>▪ Work product is accurate, thorough and effective, and meets quality standards.</li> <li>▪ Work output matches expectations within established timelines.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
7A. Comments:			
<b>B. KNOWLEDGE</b>	<ul style="list-style-type: none"> <li>▪ Understands the needs and requirements of the job and applies skills and knowledge to perform the job competently.</li> <li>▪ Understands the purposes, objectives, practices and procedures of the department.</li> <li>▪ Demonstrates understanding of job procedures, methods, facts, and information related to assigned work.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
7B. Comments:			
<b>C. INITIATIVE</b>	<ul style="list-style-type: none"> <li>▪ Plans, organizes and prioritizes workload with little or no assistance.</li> <li>▪ Offers suggestions on improving work methods and procedures.</li> <li>▪ Willingly accepts suggestions for improvement and occasionally seeks counsel on performance and work habits.</li> <li>▪ Accepts additional challenges and responsibilities, and adapts to changes.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
7C. Comments:			
<b>D. DEPENDABILITY</b>	<ul style="list-style-type: none"> <li>▪ Accepts responsibility for completing assignments and meeting deadlines.</li> <li>▪ Reliably completes assignments on time with minimal follow-up from supervisor.</li> <li>▪ Consistently punctual and regular in attendance and follows policy when requesting and reporting time off.</li> <li>▪ Practices workplace safety rules and procedures on a consistent basis.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
7D. Comments:			
<b>E. INTERPERSONAL RELATIONSHIPS</b>	<ul style="list-style-type: none"> <li>▪ Establishes and maintains effective and productive working relationships with peers.</li> <li>▪ Works cooperatively with supervisor(s) and as part of a team.</li> <li>▪ Builds and maintains customer satisfaction by responding to the needs of internal and external customers.</li> <li>▪ Readily accepts and applies constructive feedback to improve job performance.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
7E. Comments:			
8. Up to two additional factors specifically related to the position may be added at the discretion of the Department. Those factor(s) are listed under 8A and 8B, along with examples that describe the MEETS JOB REQUIREMENTS level of performance. Additional factors must be applied for all employees holding the same job classification within the Department.			
<b>A. OTHER FACTOR</b>	<ul style="list-style-type: none"> <li>▪</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
8A. Comments:			
<b>B. OTHER FACTOR</b>	<ul style="list-style-type: none"> <li>▪</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
8B. Comments:			
9. Does this employee have any disciplinary action (excluding a written warning), or has this employee been on a performance improvement plan (PIP), within the review period immediately preceding the salary anniversary date? <b>If yes, the employee is not eligible for 2017 pay progression.</b> <span style="float: right;"> <input type="checkbox"/> No    <input type="checkbox"/> Yes                 </span>			
10. In view of the performance of the employee rated above:			
<input type="checkbox"/> I certify that the employee is considered to be in good standing and therefore is eligible for a salary adjustment, or a lump payment (if over or near the maximum of the pay range).			
<input type="checkbox"/> The employee is not currently considered to be in good standing and should not receive a salary adjustment. The employee has been notified of the deficiencies and has been counseled regarding improvement needed. Employee has been notified of the procedure to request an internal Departmental Administrative Review.			
SUPERVISOR (PRINT NAME)	SIGNATURE	TITLE	DATE
DEPARTMENT HEAD (PRINT NAME)	SIGNATURE	TITLE	DATE
Employee signature acknowledges receipt of the Annual Employee Assessment		EMPLOYEE SIGNATURE	DATE

# ANNUAL EMPLOYEE ASSESSMENT

## INSTRUCTIONS FOR SUPERVISORS/MANAGERS

### Administration of Salary Increases

The Department of Employee Relations is authorized under provisions of the Salary Ordinance to develop guidelines and procedures for the administration of pay progression practices established under Common Council File #161034. These guidelines are established to carry out the intent of the Salary Ordinance as interpreted by the Department of Employee Relations.

Employees eligible for a salary adjustment under this Ordinance include two employee groups based on where the pay range for the position falls within the Salary Ordinance:

Group A Section 3 – Technicians Section 5 – Paraprofessionals Section 6 – Administrative Support Section 7 – Skilled Craft Section 8 – Service and Maintenance	Group B Section 1 – Officials & Administrators Section 2 – Professionals Section 4 – Protective Service Non- represented
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The Annual Employee Assessment form is to be used by supervisors to assess employees whose positions are within Group A, as identified above. A separate assessment tool will be used to evaluate employees in Group B.

### Eligibility

Regularly appointed City employees who have passed probation in their current position and have established a salary anniversary date in that position. Salary anniversary dates are established upon completion of twenty-six (26) pay periods of actual service after appointment to the position.

### Assessment

The annual assessment of the employee is based on the performance level of the employee during the one year period prior to the employee's salary anniversary date. Examples of satisfactory performance levels on the front of the form should be benchmarks to assess job performance.

### Assessment Factors

Five standardized assessment factors have been provided on the form. Up to two additional factors specifically related to the position may be added at the discretion of the Department. Those factor(s) are to be identified under 8A and 8B, along with examples that describe the MEETS JOB REQUIREMENTS level of performance. *Additional factors must be applied for all employees holding the same job classification within the Department or Division.*

### Procedure

Study the instructions and behavioral examples for the performance factors. Prepare for the assessment by obtaining documentation such as informal notes, input from other supervisors, or productivity numbers.

At or near the employee's Salary Anniversary Date, rate the employee in terms of their demonstrated performance. Discuss the performance with the employee and provide feedback and suggestions about performance improvement, where needed. Allow the employee to ask questions and assure that he/she understands the requirements for successful performance.

At the end of each assessment session the employee must sign at the bottom of the form to indicate that you have discussed the performance and expectations. The initialing indicates that the assessment was reviewed, not that there is implicit agreement with the assessment.

Other documentation to show a record of on-going discussions with the employee may be attached to the form.

### Ratings

**MEETS JOB REQUIREMENTS (MJR)** – Performance consistently meets the standards and expectations of the position.

**NEEDS IMPROVEMENT (NI)** - Performance on the job is inadequate and does not consistently meet the standards and expectations of the position.

*Note: any rating of "NI" must be substantiated by a written statement.*

### Processing

After the discussion with the employee, distribute the completed and signed form as indicated at the top of the form.

### Salary Adjustment Denial and Administrative Review

An employee who has been denied a salary adjustment based on the result of an unsatisfactory performance appraisal may ask DER to complete an administrative review of the denial. Written justification for the request for review will be required including the specific areas of disagreement with the department. The scope of the DER review will be limited to the process and the criteria considered in denying the salary increase. DER's finding after such administrative review will be final.

**Questions?** Contact your department's Human Resources Office or the Department of Employee Relations at (414)286-3394.