

Employee Performance Evaluation



Employee Information	
Name:	Classification:
Employee ID:	Working Title:
Department:	Hire Date:
Supervisor:	Review Period:
Supervisor's Title:	Position Status: Choose an item.

Evaluation of Primary Responsibilities				
Mark the appropriate rating for each responsibility Rating Code: BE = Below Expectations, ME = Meets Expectations, EE = Exceeds Expectations, FE = Far Exceeds Expectations				
Indicate responsibility based on employee's position description	BE	ME	EE	FE
Responsibility 1				
Responsibility 2				
Responsibility 3				
Responsibility 4				
Responsibility 5				
Responsibility 6				
Responsibility 7				

This information is available in alternative formats by calling (763) 576-4700. TTY users can call Minnesota Relay at (800) 627-3529. Anoka Technical College • (763) 576-4700 • 1355 West Highway 10, Anoka, MN 55303 • A member of the Minnesota State Colleges and Universities System • Anoka Technical College is an equal opportunity, affirmative action employer and educator.

Evaluation General Work Characteristics				
Rating Code: BE = Below Expectations, ME = Meets Expectations, EE = Exceeds Expectations, FE = Far Exceeds Expectations				
Mark the appropriate rating for each characteristic	BE	ME	EE	FE
Work Quality: the extent to which the employee's work reflects accuracy, thoroughness, and dependability of results.				
Comments:				
Attendance: the extent to which the employee reports to work as scheduled, follows established procedures for breaks and notifies supervisor in advance of scheduling changes.				
Comments:				
Service & Relationships: the extent to which the employee's behaviors are directed toward fostering positive working relationships in a diverse workplace, respect for one's fellow workers, and cooperation with students, customers and visitors.				
Comments:				
Accountability & Dependability: the extent to which the employee contributes to the effectiveness of the department and the overall mission of Anoka Technical College.				
Comments:				
Adaptability & Flexibility: the extent to which the employee exhibits openness to new ideas, programs, systems, and/or structures.				
Comments:				
Decision Making & Problem Solving: the extent to which the employee makes sound and logical job-related decisions that are in the best interest of the College. (As applicable, this element includes developing and managing human and fiscal resources within the framework of College policy.)				
Comments:				
Mandatory Training: all annual mandatory training has been completed.				
Comments:				
Overall Rating:				

In compliance with Minnesota Statutes, Chapter 13.04, Subd.2, we are informing you that the information collected through the use of this form will be used to document your performance on an annual basis. The information may be used in decisions concerning advancement, reassignment, future training needs, performance related salary adjustments, and as evidence in contested disciplinary actions.

Personal Development Plan	
All employees are encouraged to participate in life-long learning. In this section identify specific goals and the necessary actions needed to enhance or improve individual job related skills, knowledge and abilities.	
Goal:	Action:
Goal:	Action:
Goal:	Action:
Goal:	Action:

Summary of Evaluation	
By signing this form you confirm that you have discussed this review in detail. Signing this form does not necessarily indicate that an employee agrees with this evaluation. Employees may attach a written, signed and dated response to this evaluation.	
Overall Rating: Choose an item.	According to language in the collective bargaining agreements, an employer may withhold a step increase because performance standards have not been met. The employer must give the employee written notice that their step increase is being withheld prior to the employee's anniversary date
<input type="checkbox"/> Issue Progression Increase	<input type="checkbox"/> Withhold Progression Increase <input type="checkbox"/> Notice given to employee Date of notification:
Employee Signature:	Date:
Supervisor's Signature:	Date:
Supervisor's Supervisor Signature:	Date:

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