

Academic Performance Evaluation of Staff

| | |
|-------------------|--|
| Employee Name: | |
| Division/Unit(s): | |
| Evaluation Year: | |
| Position Title: | |
| Date Prepared: | |

Purpose:

This evaluation process is intended to assist NCTA Staff in approving their effectiveness at NCTA. The document will identify employee strengths and opportunities for improvement, and provide a collaborative mechanism for recommending remedies for those areas needing improvement. This document will also be used as a supporting document to identify exceptional performance for use in promotion considerations, merit raises and award decisions.

Annual performance evaluations require: (1) preparation and review of staff activities; (2) evaluation of performance highlighting former goals and objectives, and (3) establishment of goals and objectives.

Procedures, timeline and responsible party

| Timeline | Responsible Party | Action |
|----------------|-------------------------|--|
| April 1-7 | NCTA HR office | NCTA HR office provides supervisor with an Academic Performance evaluation of Staff packet including: <ul style="list-style-type: none"> • NCTA <i>Staff Performance Evaluation Form</i>. • Employee <i>Self Evaluation Form</i> |
| April 8-15 | Supervisor | Distributes <i>Staff Self Evaluation Forms</i> to employees to be completed. |
| April 8-15 | Employee | The employee completes and submits to their supervisor the <i>Staff Self Evaluation Form</i> |
| April 8-15 | Supervisor | The supervisor completes the <i>Staff Performance Evaluation Form</i> |
| April 16-25 | Supervisor and Employee | <ul style="list-style-type: none"> • The supervisor meets with employee to discuss goals and evaluation. • The employee signs the Staff Evaluation Form • The Supervisor signs and forwards to unit Administrator |
| April 26-May 7 | Unit Administrator | The unit administrator reviews and approves the performance appraisal form and adds comments if necessary. Recommendation for rehire/dismissal sent to the Dean's Office |
| April 26-May 7 | Dean's Office | The Dean reviews, and makes comments to NCTA HR Office by May 7. |
| May 8-15 | HR Office | The NCTA HR office will make copies of the final signed documents for the employee. |

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Staff Self Evaluation Form

To be prepared by Employee

| | |
|-------------------|--|
| Employee Name: | |
| Division/Unit(s): | |
| Evaluation Year: | |
| Position Title: | |
| Date Prepared: | |

Please answer the following questions based on your work this past year.

1. **QUALITY OF WORK.** I feel my work is thorough and accurate.

| | | | | | | | | |
|----------------|--|---------------|--|------|--|-----------|--|-------------|
| Unsatisfactory | | Below Average | | Good | | Very Good | | Outstanding |
|----------------|--|---------------|--|------|--|-----------|--|-------------|

Comments: _____

2. **PRODUCTIVITY.** I accomplish my goals in a timely manner.

| | | | | | | | | |
|----------------|--|---------------|--|------|--|-----------|--|-------------|
| Unsatisfactory | | Below Average | | Good | | Very Good | | Outstanding |
|----------------|--|---------------|--|------|--|-----------|--|-------------|

Comments: _____

3. **KNOWLEDGE OF JOB.** I have the knowledge and skills needed to fulfill job responsibilities to complete my duties.

| | | | | | | | | |
|----------------|--|---------------|--|------|--|-----------|--|-------------|
| Unsatisfactory | | Below Average | | Good | | Very Good | | Outstanding |
|----------------|--|---------------|--|------|--|-----------|--|-------------|

Comments: _____

4. **RELIABILITY.** I feel I work well with others, and create a positive work environment.

| | | | | | | | | |
|----------------|--|---------------|--|------|--|-----------|--|-------------|
| Unsatisfactory | | Below Average | | Good | | Very Good | | Outstanding |
|----------------|--|---------------|--|------|--|-----------|--|-------------|

Comments: _____

5. **STUDENT ENVIRONMENT.** My duties help provide a positive environment for students on campus.

| | | | | | | | | |
|----------------|--|---------------|--|------|--|-----------|--|-------------|
| Unsatisfactory | | Below Average | | Good | | Very Good | | Outstanding |
|----------------|--|---------------|--|------|--|-----------|--|-------------|

Comments: _____

EMPLOYEE SIGNATURE _____ Date _____

SUPERVISOR SIGNATURE _____ Date _____

NCTA STAFF PERFORMANCE EVALUATION FORM

To be completed by Supervisor

| | |
|-------------------|--|
| Employee Name: | |
| Division/Unit(s): | |
| Evaluation Year: | |
| Position Title: | |
| Personnel Number: | |

In evaluating the employee consider overall job performance for the year. Check the basic job performance factor (outstanding, excellent, satisfactory, etc.) that best describes this employee. Comments on job performance must be made whenever an employee's performance is rated less than satisfactory. Comments are strongly recommended to support all other appraisals. This evaluation must be reviewed and discussed with the employee.

DEFINITION OF RATING STANDARDS:

1 = unsatisfactory 2 = needs improvement 3 = good work 4 = outstanding work 5 = extraordinary year

PERFORMANCE FACTORS

| JOB CONTENT | 1 | 2 | 3 | 4 | 5 | N/A | COMMENTS |
|---|---|---|---|---|---|-----|----------|
| Work is thorough and accurate. | | | | | | | |
| Accomplishes goals in a timely manner. | | | | | | | |
| Demonstrates knowledge and skills needed to fulfill job responsibilities to complete duties. | | | | | | | |
| Works well with other employees and creates an positive work environment. | | | | | | | |
| Communicates in an effective and productive manner to subordinates, superiors, students and others. | | | | | | | |
| Shows ability to assess project/program needs and effectively use all resources available. | | | | | | | |
| Is dependable in performing job duties and responsibilities. | | | | | | | |
| Practices and adheres to affirmative action principles, policies and goals. | | | | | | | |
| Performs duties in a way that enhances a positive environment for students on campus. | | | | | | | |
| SUPERVISOR'S overall evaluation of staff's performance. | | | | | | | |

SUPERVISOR

Comments: _____

Signature: _____ Date: _____

EMPLOYEE

Comments: _____

Signature: _____ Date: _____