



CHADRON STATE COLLEGE
PERFORMANCE EVALUATION 2020 - 2021
Non-Union Support Staff

Employee Name:

Title:

Department:

Type of Report: Annual (April 1 to March 31) Due in HR each year before April 1, 2021
 End of Probationary Period - Due in HR **prior** to end of probationary period
 Special

PERFORMANCE RATINGS:

Exceeds Expectations (E). Performance in relation to job responsibilities and the demonstration of basic competencies *fully meets and exceeds* that normally expected by the supervisor of an employee with in the stated job.

Satisfactory (S). Performance in relation to job responsibilities and the demonstration of basic competencies *fully meets* that normally expected by the supervisor of an employee in the stated job.

Needs Improvement (N). Performance in relation to job responsibilities and the demonstration of basic competencies *is less than* normally expected of an employee in the stated job.

Unsatisfactory (U). Performance in relation to job responsibilities and the demonstration of basic competencies *is clearly unacceptable* for an employee in the stated job and immediate improvement is required.

If there are areas of concern (ratings of N or U) in any category or overall rating, the supervisor and employee must complete a "Corrective Action Plan" attached as the last page to this evaluation.

As stated in Board Policy 5104, only an overall satisfactory or better performance designation is eligible for an annual increase to base salary, if any.

A. MAJOR JOB RESPONSIBILITIES/DUTIES, AS DETERMINED BY SUPERVISOR AND LISTED ON JOB DESCRIPTION

List at least 3 job responsibilities/duties below:

- 1.
- 2.
- 3.

If signing this form electronically, I recognize that it will be considered as effective and valid as the original.

Supervisor Signature

Date

F. COMMENTS BY NEXT HIGHER SUPERVISOR: (Must be completed prior to meeting with employee)

If signing this form electronically, I recognize that it will be considered as effective and valid as the original.

Next Higher Supervisor Signature

Date

G. EMPLOYEE'S STATEMENT: I have reviewed and discussed the contents of this evaluation with my supervisor and understand that my signature does not necessarily indicate agreement. I further understand that I may submit a written rebuttal statement which will be attached to and become a permanent part of this evaluation. I also understand I may write comments where indicated.

Employee's Comments:

Signature _____

Date _____

PLEASE RETURN THIS COMPLETED FORM TO HUMAN RESOURCES
(The original of this evaluation will be placed in the employee's personnel file.)

Supervisor & Employee: Please retain a copy for your files prior to forwarding to Human Resources.