**Rutgers University**

**Performance Evaluation Form for Fiscal Year \_\_\_\_ - \_\_\_\_ (fill in)**

**Union of Rutgers Administrators-American Federation of Teachers (URA-AFT)**

 **Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes:** Performance evaluations for URA-AFT employees eligible for the Staff Compensation Program (SCP) must be completed by April 30 of each fiscal year.

For more detailed instructions, see the UHR website (http://uhr.rutgers.edu/) or call 848-932-3020 and ask to speak to an HR Consultant.

**SECTION 1: APPRAISAL MATRIX**

1. List the three to five **Key Duties** (usea word or short phrase to describe the duty) of the position.
2. Indicate the **priority percentage** for each duty (should total 100%).
3. **Appraise each duty** in Sections 3 & 4 (the following page), then **transcribe the rating** to the column below*.*

**Key Duties Priority** **Rating**

1.

2.

3.

4.

5.

**SECTION 2: OVERALL ASSESSMENT**

**Based upon the appraisal rating for each key duty and its priority level, indicate the employee’s overall appraisal rating which reflects his or her performance during the past year by checking one of the categories below. Use the following rating scale and provide comments to explain your rating.**

**(Check only one.)**

* **Meets Standards.** This rating encompasses a wide range of performance from employees satisfactorily meeting job expectations to making exceptional contributions in advancing the objectives of their departments and/or the university.
* **Does Not Meet Standards.** Employees who do not satisfactorily meet job expectations and **overall** do not consistently perform their assigned responsibilities adequately will be given this rating. Employees who receive this rating will be provided specific guidelines on how to improve performance and will be reevaluated again by October 15 of this year.

**Note: Performance in the higher priority duties should have a greater impact on the overall assessment than performance in the lower priority areas.**

**Comments (add pages as necessary):**

**Rutgers University**

**Performance Evaluation Form for Fiscal Year \_\_\_\_ - \_\_\_\_ (fill in)**

**Union of Rutgers Administrators-American Federation of Teachers (URA-AFT)**

 **Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Key Duty #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Please copy this page for each Key Duty and attach additional pages to the form as necessary.**

**SECTION 3: PERFORMANCE STANDARDS**

***For each key duty, describe the performance expectations for the Meets Standards level of performance for the current evaluation process.***

  *Check here and detail on an attached page if standards are being modified for next year’s evaluation process.*

* **Meets Standards**
* **Does Not Meet Standards**

**SECTION 4: APPRAISAL & DOCUMENTATION**

***Appraisal***

**Check only one rating level to appraise the employee’s performance during the past year on the duty described above. Use the explanations for the rating scales described in Section 2.**

* **Meets Standards**
* **Does Not Meet Standards**

***Support for Appraisal***

*Provide documentation and specific examples of performance or accomplishments to support your rating (attach pages as necessary).*

**Rutgers University**

**Performance Evaluation Form for Fiscal Year \_\_\_\_ - \_\_\_\_ (fill in)**

**Union of Rutgers Administrators-American Federation of Teachers (URA-AFT)**

**Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 5: PERFORMANCE IMPROVEMENT OR ENHANCEMENT**

***To be completed by supervisor based on performance ratings from prior year and performance expectations for upcoming year.*** *Must be completed and specific guidelines provided on how to improve performance if overall evaluation is “Does Not Meet Standards”.*

**SECTION 6: SIGNATURES AND COMMENTS**

Overall Appraisal Rating (from Section 2): Meets Standards

* Does Not Meet Standards (will be re-evaluated by October 15 of this year)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First-Level Supervisor Date

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Second-Level Supervisor Date

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employee Date

**Notes:** An employee’s signature does not necessarily indicate agreement with this evaluation. An employee may request a review of the evaluation in accordance with Article 41, Section E of the negotiated [URA-AFT Agreement](http://uhr.rutgers.edu/documents/URAAFT_agreement.pdf) and as explained in the “Review Process If SCP Procedure Is Not Followed” available on UHR’s website (http://uhr.rutgers.edu/), or by calling University Human Resources at 848-932-3020.

**Rutgers University**

**Staff Compensation Program**

**Review Request Form**

**Union of Rutgers Administrators – American Federation of Teachers (URA-AFT)**

URA‐AFT employees eligible for the Staff Compensation Program (SCP) who claim that one of the following occurred:

* that the program procedures were not followed; or
* that there was a demonstrable factual inconsistency in the employee’s evaluation; or
* that they were not evaluated according to the performance standards for their job

may request a review by completing this form and submitting it to their immediate supervisor not later than 30 calendar days after receipt of the salary notification letter from University Human Resources or notification by the department where there is no salary change. Employees may request a review in accordance with Article 41, Section E of the negotiated URA‐AFT Agreement which shall be the sole and exclusive remedy and appeal for such claim. The judgment that forms the basis of whether an employee is evaluated as “meets standards” or “does not meet standards” and the size of a salary increase pursuant to the SCP shall be at the sole and exclusive discretion of the University and not subject to the above Appeal Process.

At each level, the employee shall provide a copy of all prior requests for review and prior written responses.

**Step** **1**

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /

(Immediate Supervisor)

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Staff Member’s Name)

I am invoking the appeal process for the following reason(s) (check & complete one or more sections):

* The program procedures were not followed. (Explain & attach pages as necessary)
* There was a demonstrable factual inconsistency. (Explain & attach pages as necessary)
* I was not evaluated according to the performance standards for my job. (Explain & attach pages as necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Signature of Staff Member)

**Rutgers University**

**Staff Compensation Program**

**Review Request Form**

**Union of Rutgers Administrators – American Federation of Teachers (URA-AFT)**

Staff Member’s Name:

**Supervisor’s Reply to Step 1 (Attach pages as necessary):** The supervisor must provide a written response to the employee within 30 calendar days of receipt of the employee’s completed Review Request Form invoking the appeal process.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /

(Typed Name of Supervisor) (Supervisor’s Signature)

**Step** **2**

If the employee is not satisfied with the supervisor’s written response, the employee may, within 30 calendar days of receipt of the supervisor’s written response, request in writing a review of the matter by the dean, director, or department head who should also meet with the employee.

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /

(Dean, Director or Department Head)

I request a review and meeting for the following reason:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /

(Signature of Staff Member)

cc: Immediate Supervisor

**Rutgers University**

**Staff Compensation Program**

**Review Request Form**

**Union of Rutgers Administrators – American Federation of Teachers (URA-AFT)**

Staff Member’s Name:

**Dean, Director or Department Head’s Reply to Step 2 (Attach pages as necessary):** A written response must be provided to the employee within 30 calendar days of receiving the employee’s request.

Date of Meeting with Employee: \_\_ / \_\_ / \_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /

(Typed Name of Dean, Director (Signature)

Or Department Head)

If the employee is not satisfied with the written response of the dean, director, or department head, the employee may, within 30 calendar days of receipt of the dean, director or department head’s response, request in writing a review of the matter by the vice president, provost or designee for the employee’s area.

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /
(Vice President, Provost or designee)

I request a review of this matter for the following reason:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /

(Signature of Staff Member)

cc: Immediate Supervisor

 Dean/Director/Department Head

**Rutgers University**

**Staff Compensation Program**

**Review Request Form**

**Union of Rutgers Administrators – American Federation of Teachers (URA-AFT)**

Staff Member’s Name:

**Vice President, Provost or designee’s Reply to Step 3 (Attach pages as necessary):** A written response must be provided to the employee within 30 days of receiving the employee’s request. In all cases, the decision of the Vice President, Provost or designee is final.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /

(Typed Name of Vice President (Signature)

Provost or designee)

cc: Immediate Supervisor

 Dean/Director/Department Head