

**CUNY OFFICE ASSISTANTS (IN ACADEMIC OFFICES)
PERFORMANCE EVALUATION FORM AND INSTRUCTIONS**
The City University of New York

BACKGROUND

As Chair, you have an ongoing responsibility to direct the work of this employee and to coach the employee for improved performance.

Annually (more frequently for probationary employees) you are also asked to evaluate in writing how she or he is performing Critical Job Functions. Clarifying your current expectations (and those for the future) is the chief ingredient in improving employee performance and in getting the results you want. Doing this in consultation with the employee is the most effective means of gaining understanding and commitment for carrying out these tasks.

ANNUAL GOAL-SETTING

The review period is the twelve-month academic year beginning on or about September 1. In September, review the Critical Job Elements in the first column of the rating form. Refer to **ATTACHMENT A: Performance standards for definitions**. (Not every element will be performed by every employee.) Select those Elements to be performed in this review period and mark them with an **OX**. Discuss with the employee any changes that you are making from the past year. In addition, you may emphasize for the employee RELATED SPECIFIC improvement goals (e.g. improve spelling in first drafts) to meet in the review period. Note these in the first column of the Rating Form along with other job elements. (If possible, also write) these in the column for Improvement Goals in attachment A with appropriate standards. While you have the final say, reaching agreement on these goals will be more beneficial. Keep in mind that communication is the key purpose of this performance review. Also you may share with the employee a copy of **Attachment A: Performance Standards**. This is the backup you will use when you conduct the evaluation, usually in the late Spring.

With the concurrence of the College Personnel Director, you may add Non-Critical Job Elements to the form and to Attachment A (e.g. distribution payroll checks for staff). Spaces provided ("Other"). You may also strike/add more specific or clarifying phrases in the description of Performance Standards for the review period. When complete, share a copy with the employee, preferably by October 15 each year in which there are changes in expectations.

Instructions for Department Chair

ANNUAL REVIEWS AND DOCUMENTATION

The primary annual review session is to be conducted late in the spring semester. (A follow-up review of summer activity may occur in September at your discretion, in conjunction with annual goal setting for the coming academic year.)

Prior to the annual review session, enter in the far right column the proposed rating on each element you had identified with an **OX** in the first column. Choices are:

U = Unsatisfactory (consistently performs a task in an unacceptable manner).

M = Marginal (slips below satisfactory performance too often, but can improve).

G = Good (with few exceptions provides consistent, satisfactory results).

VG = Very Good (often meets high performance standards; consistently exceeds expectations).

O = Outstanding (provides consistent, exceptional service with the highest productivity).

Standards are provided in a separate document for the categories of "Good" and "Outstanding" to assist you in gauging your employee's performance. These are the standards you have a right to expect and which the employee has been told you will use. Assume lesser standards of performance for U or M ratings; VG exceeds standards of "Good" performance. Take into account progress toward the improvement goals which you had specified. Discuss the proposed rating with the employee. In most cases, you and the employee will be able to agree on the outcomes. When this is not possible, the evaluation should reflect your views. For Marginal or Outstanding ratings, consider a training plan (course or activities) which will bring performance up to par or will enhance excellence. On the last page, fill in the summary evaluation (U, M, or Satisfactory) and complete the signature section. The college may require that a second level supervisor, perhaps a Dean, sign the evaluation. This person may also amend the evaluation. When the employee has signed the final evaluation (or refused to do so), send the original copy to the College Personnel Officer. Note the invitation to both employee and evaluator to add comments (which, for the employee, may take the format of a rebuttal).

APPROVED

[Signature]
3/15/93

COLLEGE
 RATEE'S NAME

The City University of New York
**ANNUAL PERFORMANCE EVALUATION FORM FOR
 CUNY OFFICE ASSISTANTS IN ACADEMIC DEPARTMENTS (Levels 1-3)**
 (See page 1 for Instructions and Attachment A for Standards)

	TO BE COMPLETED AT THE BEGINNING OF THE PERFORMANCE PERIOD	TO BE COMPLETED AT THE END OF THE PERFORMANCE PERIOD	
Competence Area and Core Job Elements 1. Departmentwide Services: A. Day-to-day Operations Mail Phones Supplies Reprographic services B. Office coverage when away 2. Services to Chair: A. Correspondence B. Calendar Chair's Course schedules C. Filing D. Faculty searches E. Departmental meetings/college committees F. Professional organization assignments G. Course textbooks	Specific improvement Goals for the Current Performance Period: only use this space to clarify or amplify standards found in Attachment A or to add "other" duties.	Rating in Core Job Elements: (U, M, G, VG, O: See Attachment A). Indicate N/A if not part of duties. Enter Rating Symbol: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Training Improvement Plan: Required for Marginal (M)

APPROVED
Sarah Williams

	TO BE COMPLETED AT THE BEGINNING OF THE PERFORMANCE PERIOD	TO BE COMPLETED AT THE END OF THE PERFORMANCE PERIOD	
Competence Area and Core Job Elements	Specific improvement Goals for the Current Performance Period: Only use this space to clarify or amplify standards found in Attachment A or to add "Other" duties.	Rating in Core Job Elements: (U, M, G, VG, O: See Attachment A). Indicate N/A if not part of duties.	Training Improvement Plan (Required for M)
6. Services to College Officials, Other CUNY Colleges, and External Community: A. Department information B. Other (if added by College)		Enter Rating Symbol: _____ _____	
7. Services to Members of University/Colleges/Community: A. Attendance at assigned meetings B. Special assignments C. Other (if added by College)		_____ _____ _____	
8. Supervision of Subordinates in the Department: (only for Supervisory COA's) A. Assignment of work B. Training C. Selection of new staff D. Evaluation of performance E. Time and leave F. Motivation and coaching of employees		_____ _____ _____ _____ _____ _____	

APPROVED

 David Williams
 2/18/93

College _____

Academic Department _____

**ANNUAL EVALUATION FORM FOR
CUNY OFFICE ASSISTANTS IN ACADEMIC DEPARTMENTS
OVERALL EVALUATION AND SIGNATURES**

SUPERVISOR'S OVERALL RATING:

Next Level:

For the Performance Period from _____ (Year) to _____, I have reviewed the performance of this employee against the COA (Academic Department's) Performance Standards provided in Attachment A and believe the overall rating for the year is: U (Unsatisfactory); M (Marginal); S (Satisfactory).

Second Level Supervisor:

I concur with the rating above

I do not concur with the rating above. _____ I have attached an explanation or amended the form as shown.
The revised overall rating shall be _____ (U, M, S).

Print Name/Title _____

Signature/Date _____

Print Name/Title _____

Signature/Date _____

ADJEE'S SIGNATURE:

I have read the above performance rating for the year. I am aware that I may file a response, if I choose to, with the Personnel Office of my college. It will be placed in my personnel file.

Print Name _____

Signature/Date _____

PERSONNEL OFFICER'S CERTIFICATION:

I have reviewed the supervisor's evaluation and the rater's statement (if any). I believe the form to be complete and in accordance with the guidance provided for evaluations of employees serving in this title. This form shall be made part of the employee's official Personnel File.

Print Name _____

Signature/Date _____

APPROVED

[Handwritten Signature]
2/18/93