

CUNY Evaluation Memorandum - HEO Series

Supervisors' Instructions

Preferably once each semester, but at least once each year, employees in the HEO series are required to have an evaluation conference with the department chairperson or supervisor to be designated by the appropriate Vice Chancellor or Dean. Please note that no parties other than the evaluator and the employee are permitted to attend the conference. At the conference, the employee's total performance and professional progress shall be reviewed for that year. Following this conference, the evaluator shall prepare a record of the evaluation discussion in memorandum form for inclusion in the employee's personal file. The evaluation memorandum should reflect both the employee and the supervisor's input at the conference. A copy of the memorandum shall be given to the employee within ten (10) working days following the conference.

While effective evaluation of job performance is an on-going process, this form is to be used only for evaluations conducted pursuant to Article 18.3(b) of the PSC/CUNY collective bargaining agreement. A performance evaluation is intended to encourage the improvement of individual professional performance and to provide a basis for future personnel decisions.

Step 1: Core Competencies

A competency is the capability to apply or use a set of related knowledge, skills, and abilities required to successfully perform critical work functions or tasks in a defined work setting.

Identify and comment upon core competencies that relate to the key responsibilities of the employee's job. (Attach employee's job description, if available.) You may use some or all of the competencies listed on the form. If the listed competency is not appropriate, either replace it with an appropriate job competency or enter "not applicable." Comments should reference examples of the employee's work on specific assignments.

Step 2: Goals and Objectives

Rate and discuss the employee's performance on his or her prior year's goals and set goals for the upcoming year.

Step 3: Professional Development Plan

Indicate actions that will be taken by the employee or supervisor to support the goals indicated in Step 2 above or to address any weaknesses identified in Step 1.

Step 4: Overall performance rating

Place an X in the box or circle the rating that indicates your assessment of the employee's overall performance during the applicable period. The following rating definitions have been established to provide an equitable evaluation process, improve communication, define performance expectations, improve job productivity, and summarize job performance.

Rating Scale/Standards

| | |
|--------------|---|
| Level 4 / SE | Surpasses Expectations Work performance is consistently superior to the standards of performance. Employee surpasses expectations due to exceptionally high quality of work performed in all essential areas of responsibility, resulting in an overall quality of work that was superior and either 1) completed a major goal or project, or 2) made an exceptional or unique contribution in support of unit, department, or University objectives. |
| Level 3 / S | Satisfactory Work performance consistently meets the standards of performance. Employee achieves expectations in all essential areas of responsibility, and the quality of work overall was commendable. |
| Level 2 / NI | Needs Improvement Work performance does not consistently meet the standards of performance. Serious effort is needed to improve performance. A professional development plan to improve performance, including timelines, should be outlined. |
| Level 1 / U | Unsatisfactory Work performance is inadequate and inferior to the standards of performance. Performance at this level cannot be allowed to continue. Significant improvement is needed in one or more important areas. A professional development plan to correct performance, including timelines, should be outlined. |

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| EMPLOYEE DATA | | SUPERVISOR DATA | |
|-----------------------------------|-------------|-----------------|--------------------|
| Name | | | |
| Department | | | |
| Division | | | |
| Contract Title | | | |
| Functional Title | | | |
| Date Initial College Appointment | | | NA – Employee Only |
| Date Appt to Current Position | | | NA – Employee Only |
| | | | |
| Evaluation Period | Start Date: | | End Date: |
| Date of Evaluation Conference | | | |
| Date Evaluation Given to Employee | | | |

A. Competency Evaluation

Core competencies 1-8 are applicable to all titles. Core competencies 9-11 are applicable only to HE Associates and HE Officers who are managers or supervisors. Item 8 allows managers to enter unit-specific competencies.

| Competency | Comments |
|---|----------|
| <p>1. Professional/Technical Competence Has requisite knowledge and competence in the field and applies up-to-date technical/professional principles, practices, and standards appropriate to the functions of the department; acts as a resource person upon whom others can draw.</p> | |
| <p>2. Problem Solving / Decision-Making Problem solving: Identifies problems, involves others in seeking solutions; conducts appropriate analyses; searches for best solutions; responds quickly to new challenges. Decision-making: Makes clear, consistent, transparent decisions; acts with integrity in all decision-making.</p> | |
| <p>3. Communication Connects with peers, subordinates and customers; actively listens; clearly and effectively shares information; demonstrates effective oral and written communication skills.</p> | |
| <p>4. Quality of Work Product Produces an effective, high quality work product; delivers timely and accurate results.</p> | |
| <p>5. Teamwork Cooperates and collaborates with colleagues as appropriate; works in partnership with others.</p> | |
| <p>6. Customer Service Demonstrates that he/she values the importance of delivering high quality, innovative service to internal and external clients; understands the needs of the client; customer service focus.</p> | |

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| Competency | Comments |
|--|----------|
| <p>7. Effort and Initiative Exhibits persistence and initiative; puts forth a consistent, effort; assumes full and complete responsibility for accomplishment of his/her functions; takes initiative to make improvements; assists in achieving departmental goals; adapts well to change.</p> | |
| <p>8. Unit or department-specific competencies (Optional)</p> | |
| <p>9. Inclusiveness – Diversity Shows respect for people and their differences; promotes fairness and equity; engages the talents, experiences, and capabilities of others; fosters a sense of belonging; works to understand the perspectives of others; creates opportunities for access and success.</p> | |
| <p>10. Strategic Planning and Organizing Understands strategic directions and aligns priorities with broader goals; measures outcomes; uses feedback to change as needed; seeks broad input and synthesizes information; evaluates alternatives; solutions oriented; able to see connections among complex issues.</p> | |
| <p>11. Leadership and Staff Development Demonstrates ability to inspire teamwork and obtain cooperation from subordinates. Establishes high standards of conduct and job performance for subordinates; maintains open communication channels; delegates work; leads by example. Establishes and articulates a vision of what could be; looks to and plans for the future; accepts new challenges; keeps an open mind.</p> | |
| <p>11-a. Coaching and Empowering Communicates a positive attitude; serves as a catalyst for action and encourages employees to try new things and take calculated risks; provides honest feedback; minimizes tension and defensiveness; creates an environment for success; mentors and guides employees; fosters leadership in others.</p> | |
| <p>11-b. Team Building Builds group cohesiveness and pride; encourages cooperation; fosters and practices good communication; recognizes and rewards individuals and team accomplishments and contributions; shares success and rewards; manages conflict.</p> | |

B. Summary of Employee’s Comments during the Conference

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C. Last Period's Goals

Rate the progress made on each of the goals established at the beginning of the period and any new goals. Note any changes to the original goals.

| 1 | Goal/Objective | Rating | | | | Comments |
|---|----------------|--------|----|---|----|----------|
| | | U | NI | S | SE | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

D. Next Period's Goals

Enter the performance goals for the next period to be evaluated. Individual goals and objectives should align with those of the department and the college.

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

E. Supervisor's Additional Comments (if any)

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F. Professional Development Plan (if applicable)

Summarize any specific plans for corrective action or training and development for the next review period.

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G. Overall Performance Rating

Place an X in the box below that describes the employee's overall performance rating.

| Unsatisfactory | Needs Improvement | Satisfactory | Surpasses Expectations |
|---|---|--|---|
| Work performance is inadequate and inferior to the standards of performance required for the position. Performance at this level cannot be allowed to continue. | Work performance does not consistently meet the standards of performance for the position. Serious effort is needed to improve performance. | Work performance consistently meets the standards of performance for the position. | Work performance is consistently superior to the standards required for the position. |

H. Signatures (The Supervisor signs the evaluation form and then gives it to the employee for signature)

| Supervisor's Signature | Date Signed |
|------------------------|-------------|
| | |

Employee: Please sign to acknowledge receipt of this memorandum. Please return the original signed copy to your supervisor within 10 days of receipt and keep a copy for your records. Your signature indicates that you have received a copy of this memorandum and does not signify that you agree with the appraisal or its contents. You may attach any comments you desire.

| Employee's Signature | Date Signed |
|----------------------|-------------|
| | |