

Steps to Complete Employee Annual Performance Review

The supervisor will receive a notice on the fifteenth of the month **prior to** the “employee’s hire month”. It is expected that the supervisor will complete and post the employee’s review to the H-Drive no later than the fifteenth of the employee’s hire month.

Upon receipt of electronic notification:

1. Supervisor completes the Annual Performance Review Form assigning an overall performance rating of “Meets” or Needs Improvement”. Supervisor submits Performance Review(s) to their respective Reviewing Official and HR via H-Drive Folder (save to documents file, then save from documents to H-drive folder).
2. HR will calculate Results of Review and post to H-Drive for reviewing official to review and approve. Modifications as required by the reviewing official should be made at that time otherwise performance is approved as is.
3. Supervisor will communicate the outcome of the performance review to the employee. Supervisor will print and require signature from the employee and provide a copy of the Performance Review and Results of Review to the employee.
4. Supervisor returns **original** (hard copy) Performance Review and Results of Review to HR with signatures which indicate communication to employee.

Employee Annual Performance Review Administrative and Support Staff

Section I

PRIMARY RESPONSIBILITIES

Each job at OBU exists for a specific purpose and that purpose dictates specific and essential functions also known as “Primary Responsibilities”. Primary Responsibilities typically do not change from year to year. The core job responsibilities as noted in the Job Description have “standards of performance” to be identified and measured by the supervisor. All employee performance is measured and compared to those standards which when met lead the employee to a successful outcome. The standards of performance FOR ALL JOBS are:

A. **Demonstrated Job Knowledge** – Consider how well the employee demonstrates their job knowledge plus their use of equipment required to deliver product compared to training received to date either formal or through in-service education.

B. **Individual Performance related Measures defined as follows:**

Quantity of Work – Consider how many, rate, volume, frequency, ratio and amount of work required by the job description.

Quality of Work – Consider consistency in how well, level of accuracy, and degree of completeness of work delivered.

Dependability – Consider the amount of time or level of supervision required. Consider attendance and punctuality.

Communication – Consider the effectiveness in use of the English language as well as communication techniques used with co-workers, supervisors, or other customers internal or external to OBU. Consider employee’s ability to listen to their customer, understand, utilize and transfer information both written and oral. Consider the employees practice in confidentiality according to the HIPPA regulations and OBU policies, procedures and practices.

C. **Enforcement of Safe Work Practices and Adherence to Policy, Procedures and Practices:**

Safe Work Practices – Consider how well the employee follows and employs the use of safe practices established by OSHA, OBU and department specific practices in which the employees works.

Policy, Procedures, and Practices – Consider how well or to what level the employee adheres to and supports OBU and departmental policy, procedures and practices as well as the employee handbook.

Supervisors are asked to rate Section I bearing all of the above in mind.

Section II

OBU “ON MISSION” BEHAVIORS

Supervisors are to rate each employee’s behavior relative to each behavioral expectations.

- A. **Demonstrates Mutual Respect, Care and Concern for Others:** Does the employee demonstrate respect toward those they work with or are in contact with daily? Does the employee demonstrate care, concern, about the co-workers/customers, at OBU and passion for the work?
- B. **Positive Influence on Others:** Does the employee have a positive influence on you and others as they perform their work? Does the employee “cause” or add to the positive experience for co-workers or customers?
- C. **Takes Initiative to Assist Others:** Does the employee look for and take initiative to meet needs of others?
- D. **Demonstrates Care, Concern for Facilities:** Does the employee demonstrate care and concern for OBU facilities, and grounds?
- E. **Meets Commitment:** Does the employee meet all commitments regarding timelines (dates), follow-up to all processes, budget?
- F. **Takes Action to Add Value and/or Reduce Wastes (Lean Principles):** Does the employee take action that indicates their concern for adding value or reducing wasted materials, supplies, or saving money for OBU?
- G. **Active Member of Local Evangelical Church:** Is the employee attending their church, participating in Bible Study, practicing their faith on a regular basis? (Ask for verbal response and indicate answer accordingly.)

Supervisors are asked to rate Section II bearing all of the above in mind.

The Performance Review has two sections as follows:

Section I - PRIMARY RESPONSIBILITIES	50%
Section II - MISSION FOCUS	50%
Total Performance	100% = Overall Performance Rating used as guide to Performance Pay Matrix.

Annual Performance Review and Development Program

Employee Name: _____ Date: _____
Job Title: _____ Department: _____

Use this form to annually document that the following performance review topics have been discussed.

SECTION I.

Discuss the employee’s performance on primary responsibilities and priorities in the past year.

Discuss the staff member’s strengths and areas for growth.

Discuss possible areas for improvement.

Discuss barriers to effective work performance and job satisfaction.

Discuss the employee’s development over the past year as well as future goals, including long-term career goals and development needs in order to achieve them.

Discuss the employee's feedback and constructive suggestions for the supervisor.

Discuss anything else the employee or supervisor would like to address.

SECTION I. RATING:

Expectations:

Meets*

Needs Improvement**

Employee Name: _____ Date: _____

SECTION II.

Mission Focus REQUIRED WORKPLACE VALUES / BEHAVIOR

<u>BEHAVIOR</u>	<u>FREQUENCY DEMONSTRATED</u>		
	<small>(check one for each)</small>		
	<u>Almost Always</u>	<u>Often</u>	<u>Not Often Enough</u>
1. Mutual Respect, Care, Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Positive Influence on Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Takes Initiative to Serve Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Demonstrates Care, Concern for Facilities/Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Meets Commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Takes Action to Add Value and Reduce Wastes at Work/Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Active member of local evangelical church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Church _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION II RATING

Additional Comments:

PERFORMANCE RESULTS

OVERALL Performance Rating

Meets All Standards*

 Needs Improvement Plan**

* Eligible for performance award based on overall performance if funds are available.

** Performance Improvement Plan required.

The Performance Review Topics for Discussion have been discussed by:

Signature – Supervisor	Date
Signature – Reviewing Official	Date
Signature – Employee	OBU ID
	Date