Miami Dade College

Employee Development/ Performance Review

Professional Exempt Non Contractual and Support Non Exempt Employees

HR-PERF-EVAL

Employee's Name _____ Position – Grade _____ Starting Date at MDC _____

Department _____ Division _____ Campus _____

Period Covered in this Evaluation: From _____ to _____ MDID _____

PURPOSE: **INSTRUCTIONS:** ☐ ANNUAL ☐ PROBATIONARY

Quality of Work	**Consider standard of workmanship, accuracy, neatness, skill, thoroughness of work accomplished.**				
	☐ Makes frequent errors. Needs improvement	☐ Makes recurrent errors, needs improvement	☐ Usually accurate	☐ Is almost always accurate	☐ Is exact and precise
Comments (optional)					
Quantity of Work	**Consider use of time, ability to meet schedules, and productivity levels expected of this position.**				
	☐ Does not meet minimum requirements	☐ Does just enough to get by	☐ Volume of work satisfactory	☐ Very industrious, does more than is required	☐ Superior work and production record
Comments (optional)					
Job Knowledge	**Knowledge concerning work duties which an individual should have to accomplish a satisfactory job performance rating**				
	☐ Poorly informed, lacks work performance	☐ Lacks knowledge of some phases of work	☐ Moderately informed, good potential	☐ Understands all phases of work	☐ Has complete mastery of all phases of assigned work
Comments (optional)					
Supervision	**Degree of Supervision required**				
	☐ Requires close supervision	☐ Needs occasional follow up	☐ Usually takes care of necessary tasks & completes with minimum supervision	☐ Requires little supervision, is reliable when working alone	☐ Requires absolute minimum of supervision
Comments (optional)					
Supervisory Responsibility Over Other Employee(s) (If Applicable)	**Consider supervisory performance**				
	☐ Lacks supervisory skills	☐ Needs improvement; minimum potential	☐ Average, fair leadership potential	☐ Satisfactory; has good leadership capabilities	☐ Outstanding; demonstrated excellent leadership qualities
Comments (optional)					
Attitude	**Consider cooperation with supervisor, co-workers and other groups with whom this employee associates with in accomplishing his/her work**				
	☐ Problem working with others in office/outside contacts	☐ Occasionally has problems in working with others	☐ No problem working with others	☐ Cooperative, tolerant, able to work with others to accomplish tasks	☐ Exceptional, effective in personal relations in all levels
Comments (optional)					
Attendance and Punctuality	**Employee's record of being on the job and being on time**				
	☐ Often absent without good excuse and/or frequently reports for work late	☐ Lax in attendance and/or reporting for work on time	☐ Usually present and on time	☐ Very prompt, regular in attendance	☐ Always prompt, excellent attendance
Comments (optional)					

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Probationary Period: If employee is completing the 90-day probationary period, a recommendation must be made for continued employment or termination.

Evaluators Recommendation: _____

EMPLOYEE DEVELOPMENT: (Must be completed by the evaluator for all full-time employees. Not required for Probationary Employees.)

1. What strengths or career preparation has the employee demonstrated that may prepare him/her for future growth opportunities?
2. What weakness, if any, has the employee demonstrated on the job that, if not improved, may hinder future growth?
3. With respect to 1 and 2 above, what assistance or guidance can you provide to help the employee achieve his/her present and/or future goals?

Evaluators Signature _____ Name _____ Title _____ Date _____

Employee's Comments: _____

This evaluation has been discussed with me by my supervisor. My signature does not necessarily imply agreement with my supervisor's evaluation.

Employee's Signature _____ Title _____ Date _____

Area Head or Designees Approval (No changes may be made to the original document, however, comments may be noted on the form or by attachment to the form. Such comments must be brought to the attention of the employee and should be initialed by the employee.)

Area Head's Signature* _____ Date _____

*The area head is the chief administrator of a campus, or a major organizational unit reporting to the President or the Executive Vice President.

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