

Minnesota State Colleges and Universities
System Office Human Resources

EMPLOYEE PERFORMANCE APPRAISAL COVER PAGE

Please complete the following employee performance appraisal form. Fill in all applicable fields and attach any additional documentation, if needed. **Before returning the completed form to Human Resources, please ensure all necessary signatures have been acquired.**

Date of Review:		Date of Next Review:	
Employee Name:		Employee ID:	
Classification Title:		Division/Department:	
Supervisor Name:		Supervisor Phone:	

APPRAISAL TYPE			
<input type="checkbox"/>	Mid-Probationary (3 or 6 months)	<input type="checkbox"/>	Annual Performance Appraisal
<input type="checkbox"/>	End-Probationary (6 months or 1 year)	<input type="checkbox"/>	Other:
If End-Probationary, do you recommend certification?			

Overall job performance level of employee: (Please select the appropriate statement below.)	
<input type="checkbox"/>	Job performance is ABOVE expectations.
<input type="checkbox"/>	Job performance MEETS expectations.
<input type="checkbox"/>	Job performance DOES NOT MEET expectations. (Please notify HR if item is selected)
If eligible, do you recommend a salary increase? (To be eligible for a salary increase, overall job performance MUST at least meet expectations.)	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	NO
If increase is denied or postponed, please explain:	
Is the current position description accurate and up-to-date?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
If the position description is NOT an accurate reflection of the current job responsibilities, what is the target date for revision?	
Date:	

Please complete the following sections. If you need additional writing space, please create a narrative of the following sections in a Word document and submit with the Performance Appraisal Cover Page.

Goals and/or Areas for Training and Development:

Supervisor's Comments and/or Areas that Need Improvement:

Employee's Comments and Concerns:

Signature of Rater (Supervisor): _____ Date: _____

Signature of Employee: _____ Date: _____

Signature of Rater's Supervisor: _____ Date: _____

Signature of Cabinet Member: _____ Date: _____

Please return to System Office HR Department