

TO: Board of Trustees

FROM: Michelle DeLancey, Director of Accounting & HR

DATE: June 12, 2024

AGENDA ITEM TOPIC: Employee Evaluation Review form changes

Number of Supporting Documents: **01**

Requested Action

- Motion to approve the Employee Evaluation Review form and to update the Administration Policy and Procedures manual section 3.8(a).

Background

- Attached is the review form reflecting the June 4th board requested changes to the footer on page two (2).

HAMBURG TOWNSHIP EMPLOYEE EVALUATION REVIEW

Employee Name:

Job Title:

Department:

Review Period Date:

Last Review Date:

Reviewer Name:

Reviewer Title:

The employee & Supervisor are to identify, discuss, and agree on specific tasks, responsibilities, and career goals to accomplish, as well as employee characteristics and/or behaviors to improve to meet department goals.

Tasks & Responsibilities

Manager's Summary

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)
- 11)
- 12)
- 13)
- 14)

HAMBURG TOWNSHIP EMPLOYEE EVALUATION REVIEW

Employee's Goals for Upcoming Year

Goals Achieved

1) 2) 3) 4) 5)	1) 2) 3) 4) 5)
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Strengths

Areas that Need Improvement

1) 2) 3) 4) 5)	1) 2) 3) 4) 5)
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Employee's Overall Performance Rating:

Department Head Salary Step Plan Recommendation:

Exceeds Expectations	Meets Expectations	Needs Improvement	Unacceptable

Change	Implement	Department Head initials	Supervisor initials (A-Approve D-Deny)
No change*			
Remain at current step			
Step increase			
Wage Increase**			

Job Description:

Accurate	Revised**

Evaluating Supervisor Date

Employee Date

*Pay freeze with a maximum ninety (90) day review.

**Department Head to present to the Board of Trustees at Strategic Planning the revised job description and/or the related wage increase request. Denied requests will receive a step increase.

Board Approved XX/XX/XXXX

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