



COLORADO SCHOOL OF MINES

EARTH ENERGY ENVIRONMENT

Classified Performance Evaluation Form

I. Identification:

Name: CWID: Performance Year:
Supervisor Name and CWID: Department: Job Title:

Employee Position No:

Evaluation Type: Select the appropriate type. **Note:** Interim should be used when supervisor/employee change departments or for performance improvement purposes.

Annual Mid-Year Interim, please provide details:

II. Position Description (PD):

Is the content of the PD current? Yes No (If you selected No, complete a revised PD and submit to HR at HR@mines.edu)

Does this position supervise others? Yes (If yes, complete the Supervision section below) No

Supervision/People Management (applicable and required if managing people) - Choose rating:

III. Planning Section:

Was the employee performance plan for the year noted above completed and signed? Yes Date Completed:

No, please explain why

IV. Coaching/Progress Check-in:

Mid-year performance check-in date(s):

V. Skills and Competencies: Select a rating for each category below and use the text box to provide specific examples of observed behavior.

Job Knowledge - Choose rating:

Accountability - Choose rating:

Collaboration/Team Work - Choose rating:

Communication - Choose rating:

Customer Service - Choose rating:

Interpersonal Relationships - Choose rating

VI. Individual Performance Measures (IPM) Describe personal goals set in the boxes below

IPM #1

IPM #2

IPM #3

Development/General Opportunities:

VII. Overall rating: Required to choose rating

(Note: If an Overall "Needs Improvement" rating is selected, a

"Performance Improvement Plan", a Corrective Action, OR both must be issued. Please contact your HR Advisor before providing this form.)

Evaluation Summary - Please describe if the employee is meeting or regularly exceeding expectations. Or if the employee is not regularly meeting expectations including mention of any counseling sessions, Performance Improvement Plans (PIPs), corrective and disciplinary actions.

VIII. Signatures

Employee Signature:

Supervisor Signature:

Date Completed:

Reviewer or Delegated Authority:

Employee Agrees Disagrees* with the performance evaluation. *Please attach an explanation