**2024 Non-Exempt Performance Review**

**Please submit this review to Human Resources no later than April 26, 2024.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** | Click or tap here to enter text. | **Employee Title:** | Click or tap here to enter text.     |
| **Employee Dept:** | Click or tap here to enter text.      | **Employee ID#:** | Click or tap here to enter text.     |
| **Conducted By:**  |  Click or tap here to enter text.     | **Date of Review:** | Click or tap here to enter text.      |

Using the [Performance Evaluation Guide](https://www.holycross.edu/sites/default/files/2024-02/Performance_Management_Guide_2024.pdf), review the Core Competency guide prior to completing this section. Use the examples and behaviors provided to reflect on your employee’s performance in relation to each individual competency for this review period May 2023 to April 2024 (Starting in Summer 2023 and through Academic Year 23-24). Support your ratings with specific examples in the comment section.

|  |  |  |
| --- | --- | --- |
| **Collaboration*** Enhancing information, ideas, and thoughts with others in a manner that is proactive and enhances partnerships
 | [ ]  **3 – Advanced** [ ]  **2 – Proficient**[ ]  **1 – Developing** | **Comments:** |
| **Inclusion*** Actively engaging with the values of the College by promoting a work environment that embraces diversity and demonstrating respect for the opinions and beliefs of others
 | [ ]  **3 – Advanced** [ ]  **2 – Proficient**[ ]  **1 – Developing** | **Comments:** |
| **Innovation*** Performing one’s job with creativity and proactivity, improving procedures and problem-solving
 | [ ]  **3 – Advanced** [ ]  **2 – Proficient**[ ]  **1 – Developing** | **Comments:** |
| **Mission/Service Orientation** * Focusing on service to others and contributing to the College’s collective mission
 | [ ]  **3 – Advanced** [ ]  **2 – Proficient**[ ]  **1 – Developing** | **Comments:** |
| **Responsibility** * Taking ownership of one’s actions and accountability for one’s tasks and duties
 | [ ]  **3 – Advanced** [ ]  **2 – Proficient**[ ]  **1 – Developing** | **Comments:** |
| **Complete only for employees who have one or more direct report:** |
| **Employee Development** * Committing to and investing in your employees, to enable professional growth in their roles
 | [ ]  **3 – Advanced** [ ]  **2 – Proficient**[ ]  **1 – Developing** | **Comments:** |
| **Team Management*** Overseeing the success of your employees, helping to allocate resources appropriately and support the accomplishment of common goals
 | [ ]  **3 – Advanced** [ ]  **2 – Proficient**[ ]  **1 – Developing** | **Comments:** |

**Overall Rating: The overall rating impacts the determination of the employee’s merit increase. Please take into consideration all of the above factors when making your rating and support your reasoning in the comments below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1-Unsatisfactory** | **2-Needs Improvement**  | **3-Meets Expectations** | **4-Exceeds Expectations** | **5-Outstanding** |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Overall Comments:**

Supervisor: Click or tap here to enter text.

Employee: Click or tap here to enter text.

**Signatures**

|  |  |
| --- | --- |
| Type Supervisor Name: |  Click or tap here to enter text.      |
|
| Supervisor Signature: |   | Date: |   |
|
| Type Employee Name: |  Click or tap here to enter text.   |
|
| Employee Signature: |   | Date: |   |
|

\*\*The Employee’s signature acknowledges that this performance review was discussed with their supervisor but does not necessarily indicate agreement with the assessments made herein.

**All forms should be saved and uploaded with the name formatted as**

**EMP HCID, EMP LAST NAME**