



PROGRESS REPORT FOR EXEMPT EMPLOYEES

Meeting Date:	Start Date:	<input type="checkbox"/> 1st Meeting	<input type="checkbox"/> 2nd Meeting	<input type="checkbox"/> Final Meeting
M#	Department	Name:		

*** Please attach employee's completed Staff Orientation Form with the first progress report submission.

Complete this evaluation using the following scale:

Exceptional 5	Exceeds Expectations 4	Meets Expectations 3	Needs Improvement 2	Unsatisfactory 1
Performance noticeably exceeded expectations and made a unique contribution to the achievement of the University or Departmental objectives. This rating is reserved for the top, truly distinguished performer.	Performance consistently exceeded expectations and made noteworthy contributions beyond what was planned. This rating is reserved for those who can be easily recognized for performing above and beyond.	Performance consistently met with University standards and expectations. All critical goals were achieved. Staff member widely recognized as a valued contributor.	Performance often met, but did not meet consistently meet expectations. One (or more) of the most critical objectives was not met. Incumbent typically needs further coaching and development to fully meet position expectations.	Performance was below in expectations in essential areas of responsibility, with key goals and objectives missed. Contribution was typically below that of peers or incumbents in comparable positions.

	Exceptional	Exceeds Expectations	Meets Expectations	Needs Improvement	Unsatisfactory
Demonstrates required job skills and knowledge.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
Demonstrates adherence to attendance and punctuality.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
Communicates effectively with supervisor, peers, and customers.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
Responds effectively to assigned responsibilities.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
Holds self accountable for completing tasks in a timely manner.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
Works cooperatively and effectively as a team member.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
Consistently meets deadlines and seeks opportunities for additional work/ tasks.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
Offers constructive suggestions for improvement	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
Generates creative ideas and solutions.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
Complies with University safety policies and procedures.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
Establishes a climate of continuous improvement and works to increase productivity and efficiency.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
Demonstrates leadership skills required of the position.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

Assessment of Job Skills listed as required in job description

Employee's Key Strengths:

Employee's Key Developmental Needs:

Additional Comments:

Do you recommend this employee be retained?

- Yes
- No
- With provisions (explain below)

This progress report will be a part of your Michigan Tech personnel file. Please review the information and sign below acknowledging that you have read, understand and have received a copy of this document.

Supervisors Name (Print):

Signature:

Date:

Employee Signature:

Date:

(This report has been discussed with me.)

Please return to Human Resources (2nd Floor of Lakeshore Center) after completing each meeting.

****HR Use Only - Employment Services Representative Review****

Reviewer Name:

Reviewer Signature:

Date: