## SECRETARY, EMPLOYEE BENEFITS AND SUPPORT SERVICES Summative Appraisal Form

| Name                              |   |   | Location   |  |  |  |  |
|-----------------------------------|---|---|--|--|--|--|--|
| Appraisal Period: From            |   | to  | Date of Review   |  |  |  |  |
|                                   |   |   | Directions   |  |  |  |  |
| information using the             | ation, the evaluator estimat<br>ne scale below that most cl | es the employ<br>osely describe   | yee who achieves success. Based on cumulative performance wee's effectiveness in meeting each criterion. Rate each criterion as the employee's attainment of that criterion. For each domain, as and/or recommendations. |  |  |  |  |
|                                   |   |   | Rating Scale   |  |  |  |  |
| 5                                 | Clearly Outstanding:  | Performanc  | e is consistently far superior to what is normally expected.   |  |  |  |  |
| 4                                 | <b>Exceeds Expectations:</b>                                | <b>Exceeds Expectations:</b> Performance demonstrates increased proficiency and is consistently abore expectations.   |  |  |  |  |  |
| 3                                 | <b>Meets Expectations:</b>                                  | Performance meets expectations and presents no significant problems.  |  |  |  |  |  |
| 2                                 | <b>Below Expectations:</b>                                  | <b>low Expectations:</b> Performance is consistently below expectations and significant problem exist.  |  |  |  |  |  |
| 1                                 | Unsatisfactory:   | Performance is consistently unacceptable.   |  |  |  |  |  |
| 0                                 | Not Applicable  |   |  |  |  |  |  |
|                                   |   | JOB PERF  | ORMANCE STATEMENTS   |  |  |  |  |
| and/or District including the dis |   | uding the diss  | rollment and change forms within the time limit required by law semination of Consolidated Omnibus Budget Reconciliation Ac Portability and Accountability Act (HIPAA) information.                                      |  |  |  |  |
| 2                                 |   | Assist with the coordination of annual insurance open enrollment process, including the preparation, distribution, receiving and processing of related materials.   |  |  |  |  |  |
| 3                                 |   | Calculate, maintain, update, and post employee payroll deductions and deposits associated with employee benefit programs, such as, group health insurance, dental, vision, etc. on time to mee payroll deadlines. |  |  |  |  |  |
| 4                                 | . Communicate to s resolution.                              | Communicate to supervisor employee inquiries and complaints to ensure quick and accurate resolution.  |  |  |  |  |  |
| 5                                 | . Maintain confidenti                                       | Maintain confidentiality of information as required by District and HIPAA laws.   |  |  |  |  |  |
| 6                                 |   | Balance monthly deduction statements and processes all payroll deduction checks to First Financial Administrators and bi-weekly liabilities.  |  |  |  |  |  |
| 7                                 |   | Process initial response to unemployment claims as directed by supervisor and prepare materials for telephone hearings.   |  |  |  |  |  |

| 8.                    | Maintain contact with campuses/departments to ensure that Workers' Comp injuries are reported in a timely manner and within the guidelines of the law and communicate with the necessary entities and personnel to ensure appropriate processing of Worker' Compensation claims. |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|
| 9.                    | Coordinate the proper and efficient flow of information to employees regarding their rights and responsibilities under the Workers' Compensation claims.   |  |  |  |  |  |
| 10.                   | Prepare weekly mail system reports as directed.  |  |  |  |  |  |
| 11.                   | 1. Prepare purchase orders, tracks goods or services ordered, check requests, conference registrations and travel forms as directed.   |  |  |  |  |  |
| 12.                   | Maintain budget files for all department accounts.   |  |  |  |  |  |
| COMME                 | NTS:   |  |  |  |  |  |
| Other                 |  |  |  |  |  |  |
| 13.                   | Perform all other tasks and duties as assigned.  |  |  |  |  |  |
| 14.                   | Assist with United Way Fund distributions and collections.   |  |  |  |  |  |
| 15.                   | Assist with Federal Impact Aid- meeting, form distribution/collection and report   |  |  |  |  |  |
| 16.                   | 16. Assumes responsibility for matching bank deposit slip with the bank deposit data sheet and resolving any discrepancies prior to submitting for data entry.   |  |  |  |  |  |
| 17.                   | Attend Health Insurance Committee meetings and maintain minutes.   |  |  |  |  |  |
| COMME                 | NTS:   |  |  |  |  |  |
|                       |  |  |  |  |  |  |
|                       |  |  |  |  |  |  |
| What stren            | egths doespossess?   |  |  |  |  |  |
|                       |  |  |  |  |  |  |
| What are s of success | ome improvementscan make to ensure a higher degree for students on this campus/department?   |  |  |  |  |  |
|                       |  |  |  |  |  |  |

| Summative Conference Comments:  |  |          |  |  |  |  |  |
|---|--|----------|--|--|--|--|--|
|   |  |          |  |  |  |  |  |
|   |  |          |  |  |  |  |  |
|   |  |          |  |  |  |  |  |
| Recommendation of Evaluator: I have read and received a copy of this evaluation. I have reviewed this instrument. |  |          |  |  |  |  |  |
| Renewal and/or Extension of Non-renewal of Assignment Termination of Assignment Non-extension of Assignmen        |  |          |  |  |  |  |  |
| Administrator (Print Name)  |  | Date     |  |  |  |  |  |
| Administrator's Signature   |  | Date     |  |  |  |  |  |
| Employee's Signature  |  | <br>Date |  |  |  |  |  |