

HUMAN RESOURCE SERVICES MANUAL
SECTION 11: FORMS AND RELATED INSTRUCTIONS – STATE CLASSIFIED

Compensatory Time Agreement
State Classified Employees

State Classified positions are individually reviewed to determine whether they are eligible for, or exempt from, the overtime provisions of the Fair Labor Standards Act (FLSA). This designation may change over time due to modifications to the law, your work schedule, your job assignment or other relevant factors. Information about the overtime status of your position is printed on your pay check/advice. You can also obtain this information by calling the Records Unit of the Human Resource Services Department at 491-0951. Acceptance of compensatory time off in lieu of cash payment for overtime is a condition of employment at Colorado State University.

Additional information about your employment rights, privileges and benefits, as well as rules and procedures which may affect your employment relationship can be found in the Human Resource Services Manual (HRS Manual) available on the Human Resource Services Department website at: <http://www.hrs.colostate.edu> then <http://www.hrs.colostate.edu/hrsman/manual.html>.

I understand that if my position is eligible for overtime and I work over 40 hours in a work week, acceptance of compensatory time in lieu of cash payment is a condition of my employment with Colorado State University. Further, I understand that whether compensation for overtime is made by cash payment or compensatory time is at the discretion of my department.

Printed Name

Signature

Date

Compensatory Time Agreement – Jan 2008

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COLORADO STATE UNIVERSITY STATE CLASSIFIED TRIAL SERVICE RATING

Employee Name _____

Please return to the Human Resource Services Office no later than:

**

Department _____

**Please contact the Records Office in Human Resource Services at 491-0951 if there are problems during the employee's trial service rating period that would affect his/her certification.

Rating Factors	Explanation of Rating Factors	Unsatisfactory	Fair	Good	Very Good	Outstanding
1. Work Habits	Observance of working hours, attendance, care of equipment, compliance with instructions, safety.					
2. Relationships with People	Ability to get along with others, meeting and dealing with public, courtesy, tact.					
3. Dependability	Degree to which employee can be relied upon to carry out instructions and do job without close supervision.					
4. Quality of Work	Accuracy, neatness, effective completion of work assignments.					
5. Quantity of Work	Amount of acceptable work performed, completion of work on schedule, use of time and energy.					
6. Willingness and Interest	Cooperation, enthusiasm for job duties, loyalty to agency objectives, willingness to assume responsibilities.					
7. Adaptability	Ability to learn, ability to perform under change in work conditions, performance in emergencies.					
8. Job Intelligence	The ability to understand the essential functions of the job, grasp details, make decisions, and to solve new problems.					

***OVERALL RATING BELOW:**

I hereby certify that I have reviewed this rating in the presence of the rater and have received a copy. My signature does not necessarily mean that I agree with the rating or waive the right of appeal.

Above
 Average

Satisfactory

Unsatisfactory

Employee's Signature _____

Date: _____

COMMENTS:

I hereby certify that this report is my unbiased, objective opinion of the merits of the employee rated herein.

Signature of Rater _____

Title of Rater _____

I have reviewed and agree with the rating above.

Signature of Reviewer _____

Title of Reviewer _____

* When this Trial Service form is returned to Human Resource Services, the employee will be certified immediately if the overall rating is "Above Average" or "Satisfactory".

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Colorado State University Performance Pay Program
Planning Confirmation and Overall Evaluation Form

Planning Period: From: _____	To: March 31, 20 _____
Employee: _____	Employee number (Personnel/Payroll System): _____
Job Title: _____	Position Number _____
Department & 4-digit mail code: _____	Supervisor: _____

This section must be completed during the Performance Planning Stage

The PDQ for this position was reviewed and is current and accurate. Supervisor Initials: _____ Date: _____	
The performance plan has been reviewed and understood.	
Supervisor Signature _____	Date: _____
Employee Signature _____	Date: _____

This section must be completed during the Mid-Year Progress Review

At least one coaching, or progress review, meeting is required for each evaluation period; more are recommended. Indicate the date the meeting was held and the issues that were discussed.	
<u>Issues Discussed</u>	
Supervisor Signature _____	Date: _____
Employee Signature _____	Date: _____

This section must be completed during the Performance Evaluation Process

Check (√) the overall performance rating for the evaluation period (see rating level definitions below):		
<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3
Supervisor Signature _____	Date: _____	
Reviewer Signature _____	Date: _____	
Employee Signature _____	Date: _____	
I agree with this evaluation: _____ I disagree with this evaluation: _____		

Definitions of Overall Performance Rating Levels:

Level 3 (Exceptional Performer): This rating represents consistently exceptional and documented performance or consistently superior achievement beyond the regular assignment. Employees make exceptional contribution(s) that have a significant and positive impact on the performance of the unit or the organization and may materially advance the mission of the organization. The employee provides a model for excellence and helps others to do their jobs better. Peers, immediate supervision, higher-level management and others can readily recognize such a level of performance.

Level 2 (Successful Performer): This rating level encompasses a range of expected performance. It includes employees who are successfully developing in the job, employees who exhibit competency in work behaviors, skills, and assignments, and accomplished performers who consistently exhibit the desired competencies effectively and independently. These employees are meeting all the expectations, standards, requirements, and objectives on their performance plan and, on occasion, exceed them. This is the employee who reliably performs the job assigned and may even have a documented impact beyond the regular assignments and performance objectives that directly supports the mission of the organization.

Level 1 (Needs Improvement): This rating level encompasses those employees whose performance does not consistently and independently meet expectations set forth in the performance plan as well as those employees whose performance is clearly unsatisfactory and consistently fails to meet requirements and expectations. Marginal performance requires substantial monitoring and close supervision to ensure progression toward a level of performance that meets expectations. Although these employees are not currently meeting expectations, they may be progressing satisfactorily toward a level 2 rating and need coaching/direction in order to satisfy the core expectations of the position.

Enter overall rating in Personnel/Payroll System, make department/employee copies of this form & forward original to HRS by April 30th. Performance Evaluation section MUST include employee, supervisor & reviewer signatures.

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CORRECTIVE ACTION/PERFORMANCE IMPROVEMENT PLAN

EMPLOYEE:

SUPERVISOR:

DATE:

DIRECTIONS: This form may be used as a corrective action. Such actions are intended to correct and improve an employee's job performance or behavior in a formal, systematic manner. In the case of performance appraisal this form may be used when an employee's performance is substandard in a performance factor. This form (or other corrective action format) must be used in the case of an initial overall rating of Needs Improvement or Unacceptable. This form will normally not be used if the overall performance rating of Needs Improvement or Unacceptable is a second consecutive rating, that is below Good, or if the initial overall Unacceptable rating indicates that the employee's level of performance warrants immediate disciplinary action.

1 THE FOLLOWING AREAS(S) NEED(S) IMPROVEMENT: _____

2 THE CORRECTIVE ACTION(S) YOU MUST TAKE FOR THE ABOVE AREA(S) ARE AS FOLLOWS:

3 YOU MUST COMPLETE THE CORRECTIVE ACTION(S) LISTED ABOVE BY THE FOLLOWING DATE(S):

4 FAILURE TO CORRECT YOUR PERFORMANCE ON OR BEFORE THE DATE SPECIFIED IN NUMBER 3 ABOVE MAY RESULT IN FURTHER CORRECTIVE AND/OR DISCIPLINARY ACTION.

5 YOU MAY SUBMIT A WRITTEN EXPLANATION TO THE APPOINTING AUTHORITY WHO IS _____
 _____ . THIS EXPLANATION SHALL BE ATTACHED TO, AND KEPT WITH, THIS CORRECTIVE ACTION.

6 Grievance Rights:

If you wish to protest this action, you may initiate the grievance process. To do so, you must meet with your supervisor no later than the following date _____. If you are dissatisfied with the results of that meeting and wish to continue the grievance process, you must put your grievance in writing and give it to the individual who serves to review the grievance at the second step. This individual is _____. The written grievance must be filed within five working days after your meeting with me. Other provisions of the grievance process, which must be closely followed, are available from the Human Resource Services Department at the following phone number _____.

If your grievance alleges discrimination, there is an additional requirement: it must be put in writing and mailed or delivered to the State Personnel Board no later than the tenth calendar day after you receive this letter. The State Personnel Board is located at: The Chancery Building, 1120 Lincoln Street, Suite 1420, Denver, CO 80203.

APPOINTING AUTHORITY (OR DESIGNEE) SIGNATURE:

EMPLOYEE: I have received a copy of this corrective action on this date.

 SIGNATURE

 DATE

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SAMPLE

GRIEVANCE FORM

NOTICE: Do NOT use this form if you have received a disciplinary action, or have been laid off or administratively terminated. Use the *Consolidated Appeal/Dispute Form* available on the web at <http://www.colorado.gov/dpa/spb/appealdispute.pdf>.

Print or type. Keep a copy of the completed grievance form for yourself. Refer to Chapter 8 of the State Personnel Board Rules and Personnel Director's Administrative Procedures for information regarding the grievance process. (Board Rule 8-8B)

If you would like to resolve this grievance on an informal basis, with the help of a trained facilitator from outside your department, then call the State Employees Mediation Program (SEMP) at 866-6559 for this assistance.

GRIEVANT'S NAME: _____

GRIEVANT'S ADDRESS: _____

REPRESENTATIVE: _____

REPRESENTATIVE'S ADDRESS: _____

EMPLOYING DEPARTMENT: _____

STATEMENT OF GRIEVANCE

RELIEF REQUESTED

DISCRIMINATION ALLEGED*: YES NO. TYPE OF DISCRIMINATION ALLEGED (e.g., race, national origin, sex, age, religion): _____

***NOTE:** If the grievance involves an allegation of discrimination, written notice must be sent to the State Personnel Board, 633 17th Street, Suite 1320, Denver, Colorado 80202-3604, within ten (10) calendar days of the alleged discriminatory practice.

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SAMPLE

Grievance Form, page 2

REPORTING CHAIN:

(Complete where applicable)

First/Second Line Supervisor (name): _____

Date of the informal discussion with the First/Second Line Supervisor: _____

Date the Step 1 informal discussion with the First/Second Line Supervisor was concluded: _____

Appointing Authority (name): _____

Date Written Grievance was submitted to the Appointing Authority: _____

Date of the meeting with the Appointing Authority: _____

Date Grievant received the Step 2 Written Response from the Appointing Authority: _____

Date Petition for Hearing was either filed with, or postmarked to, the State Personnel Board: _____

Grievant's Signature: _____ Date: _____

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State Classified Grievance Procedure
Colorado State University

Grievances and Appeals

The University encourages employees to act to resolve disagreements or misunderstandings that may arise in the course of employment. If it is not possible to resolve concerns through informal discussion among the individuals involved, the employee may pursue resolution through the appropriate grievance/appeal procedure. The grievance process is designed to address and resolve problems, not to be an adversarial process.

Situations involving complaints of discrimination or sexual harassment should be brought to the attention of the Office of Equal Opportunity. Other concerns are covered by the procedures outlined below. The Employee Relations Manager shall serve as facilitator in these procedures and ensure that all appropriate procedural rights are protected; shall advise both parties on matters relating to the interpretation of applicable rules or policies; shall attend each scheduled conference as a resource person and/or facilitator if so requested by either party; and shall mediate disagreements concerning time limits, requests for time extensions, the determination of the effect of prearranged or emergency absences from campus on the specified time limits; or other procedural matters relating to the effective resolution of grievances. If an opinion provided by the Employee Relations Manager concerns matters related to the administration of the State Personnel Board Rules, the employee is entitled to have the opinion reviewed by the Executive Director of the State Department of Personnel or the State Personnel Board under one of the appeal options identified in this section.

Employees who are denied the opportunity to process a grievance in accordance with the procedure or who are threatened or subjected to duress as a result of processing a grievance should notify the University Director of the Human Resource Services Department in writing. The Director shall ensure that the appropriate steps are taken to address the employee's complaint.

Grievance Procedures

Any employee who is aggrieved by any action may initiate a formal grievance, not otherwise appealable, that relates to his/her working conditions, relationships, or agency policies, rules, or regulations. Grievances include, but are not limited to such matters as corrective actions, employee/supervisor relationships, duty assignments not affecting job classification, shift and job location assignments, hours worked, working facilities and conditions, policies for granting leave, health and safety issues, and similar matters. The State Personnel Director reviews grievances regarding overtime compensation and the overtime exempt or non-exempt designation of positions. An employee may be represented by any person of the employee's choice at any step(s) of the grievance process. That person may participate and speak for the employee. The employee is expected to participate in the discussion during the grievance process.

STEP 1: The first step in the formal grievance procedure is an informal discussion (initiated by the employee within 10 calendar days of the incident or knowledge of the incident by the employee) between the employee and the person involved in the incident that gave rise to the dispute. If the grievance includes a charge of discrimination, it must be filed in writing with both the supervisor and the Personnel Board. The employee shall be informed in writing of the decision within 7 days after the discussion. If a timely decision is not issued, the employee may proceed to Step 2.

STEP 2: If the informal discussion fails to resolve the employee's concerns, the employee has 5 days after receipt of the informal decision to file a written statement of grievance with the superior of the person with whom the employee had the discussion at The written grievance should state the complaint, the actions already taken by the employee to resolve the complaint, and the relief requested. Only the issues set forth in the written grievance shall be considered thereafter. A copy of the statement of grievance and supporting documentation also should be provided to the Director of the University's Human Resource Services Department. The STEP 2 official shall schedule a conference with the parties within 3 working days after receiving the written grievance. A written decision shall be provided within 3 working days of the conclusion of the conference(s). The written decision at this level shall be binding unless the employee requests that the matter be reviewed at STEP 3.

STEP 3: Requests for a STEP 3 review shall be made in writing within 3 working days of the receipt of the decision at STEP 2 and shall be filed with the appropriate Dean (for employees in Academic Colleges and the Graduate School) or the appropriate Vice President for employees in other units. The appropriate Dean or Vice President shall, within 3 working days of receipt of the grievance, select a person or committee to review the grievance. The person or committee

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Grievance Procedures (continued)

selected shall, within 3 working days of receipt of the grievance from the Dean or Vice President, schedule a conference(s) with the parties. A written decision shall be rendered within 5 working days after the conclusion of the conference(s). The written decision at this level shall be binding unless the employee elects to request that the matter be reviewed at Step 4.

STEP 4: A written request for a STEP 4 review should be filed with the appropriate Dean or Vice President within 3 working days after receipt of the STEP 3 decision. The Dean or Vice President shall schedule a conference(s) with the parties within 5 working days of receipt of the STEP 4 request. A written decision shall be provided to the employee within 7 working days of the conclusion of the conference(s). The STEP 4 decision shall be the final decision of the University.

An employee may petition the State Personnel Board to hear an appeal of the University's decision within 10 days of receipt of the STEP 4 decision. Copies of the request should be provided to the Dean or Vice President who rendered the STEP 4 decision and to the University Director of the Human Resource Services Department. Appeals of this type are covered in Discretionary Hearing Procedures. Grievances that involve a Dean as the party in STEP 1 should be filed with the Academic Vice President. Those that involve a Vice President should be filed with the President. Failure by the employee to proceed to the higher step within the proscribed time limit shall constitute termination of the grievance. Failure on the part of the designated University official to provide a decision within the proscribed time limit shall be considered denial of the requested remedy, and the employee may proceed to the next higher step. Proscribed time limits may be extended by mutual consent of the parties at any step in the process.

If the grieving employee is no longer employed under the state personnel system, any grievance in process is considered concluded. Grievance forms are available from the Director's Office, University Human Resource Services Department in room 108 of the Student Services Bldg.

Appeals Procedures

State employees who are dissatisfied with certain actions affecting them have an opportunity to seek a review of what occurred.

Discretionary hearings

The State Personnel Board has the discretion to grant hearings in areas not listed here. These include petitions for consideration of a grievance decision that has been processed through all four steps within the University.

All appeals have filing requirements. In most cases, appellants have 10 calendar days from the date written notice of the action appealed is received to file a formal appeal or petition for hearing with the State Personnel Director or Board.

Discrimination

Situations involving complaints of discrimination or sexual harassment should be brought to the attention of the University's Office of Equal Opportunity.