City of Biddeford
Personnel Committee
June 16, 2020 3:00 PM 205 Main Street

1. **Call to Order**
2. **Acceptance of Minutes**
   - 2.1. Acceptance of Minutes
     2-18-20 Minutes.doc
3. **Discussion**
   - 3.1. Compensation Review
   - 3.2. Safety Update
     Safety Brief.docx
     Safety Attachment.pdf
     Safety- Risk Management Incentive Attachment.pdf
   - 3.3. Alternative Work Arrangements
     AWA Brief.docx
   - 3.4. Domestic Partnerships for MMEHT Health Insurance
   - 3.5. Performance Review 2020
     PR Brief.docx
     PR Documents.pdf
4. **Other Business**
5. **Adjourn**

PERSONNEL COMMITTEE MEETING

Tuesday February 19, 2020
Human Resources Department

3 PM

Minutes

ITEM 1 **Call to order**

Chair Councilor Michael Ready called the meeting to order at 3 PM with Councilors William Emhiser, Norman Belanger, and Robert Quattrone Jr. present. Also present was James Bennett, City Manager, and Diana DePaolo, Human Resources Director

ITEM 2 **Acceptance of Minutes**

Minutes from January 21, 2020 meeting accepted

ITEM 3

Item 3.1 Allow Domestic Partners for MMEHT Enrollees

Discussion of process with agreement to table decision until discussed at full council, including the change of language in employee handbook.

Item 3.2 Engage2Empower Program

Discussion of past sessions and recommendations for future sessions from City Manager James Bennett and HR Director, Diana DePaolo. Agreement of continued support from committee.

ITEM 4 **Other Business**

Item 4.1 Hours of Operation

Information and data will be reviewed at next meeting. HR Director, Diana DePaolo will present information gathered.

Item 4.2 Proposed Legislature Changes

City Manager, James Bennett presented information regarding proposed bills, LD 900 and LD 2090, their expected outcomes, and what it would mean to the city.

ITEM 5 **Unfinished Business/Future Business**

It was decided that the next meeting, to be held on March 17, 2020, would include the following topics: Comp Plan, safety, and hours of operation

ITEM 5 **Adjourn**

Personnel Committee Members:

Councilor Michael Ready, Chair
Councilor Norman Belanger
Councilor Robert Quattrone Jr.
Councilor William Emhiser

Personnel Committee

Meeting Date: Tuesday, June 16, 2020
Meeting Time: 3pm

Agenda Item No: 2
Item Description: Safety Update

Submitted by: Diana DePaolo, HR Director

Supporting Information/Documentation:

Information regarding new City processes, contacts, forms and MMA new risk management program attached

Key Terms:

Executive Summary:

Work is being done on a city wide and departmental basis to increase awareness, training, and protocols for safety.

Detailed Review:

For approximately one year, the City staff have been working diligently to get safety processes up to speed. We have completed several trainings by MMA, such as loss prevention and committee best practices. We have formed subcommittees and appointment Department Safety Coordinators to attend city wide meetings and own the safety role for their departments. Sub-committees have create goals and have plans to work towards those. I have attached information/forms regarding the first report of injury, the investigation of injury, the procedural flow for injury, and city wide contact information.

Recently, MMA has rolled out a Loss Prevention incentive program. We will be meeting as a City Wide committee at the end of this month and reviewing this program, refocusing goals around this program and assigning tasks. The program is a great way to insure we have completed the most important tasks to keep employees safe and also provides credits towards our Workers Compensation premium as you achieve each tier. We may want to have conversation around potential savings and an internal program to put some of these funds back into safety equipment or trainings for departments.

Funding Source:

n/a

Staff Recommendation:

*just providing update to committee

City of Biddeford

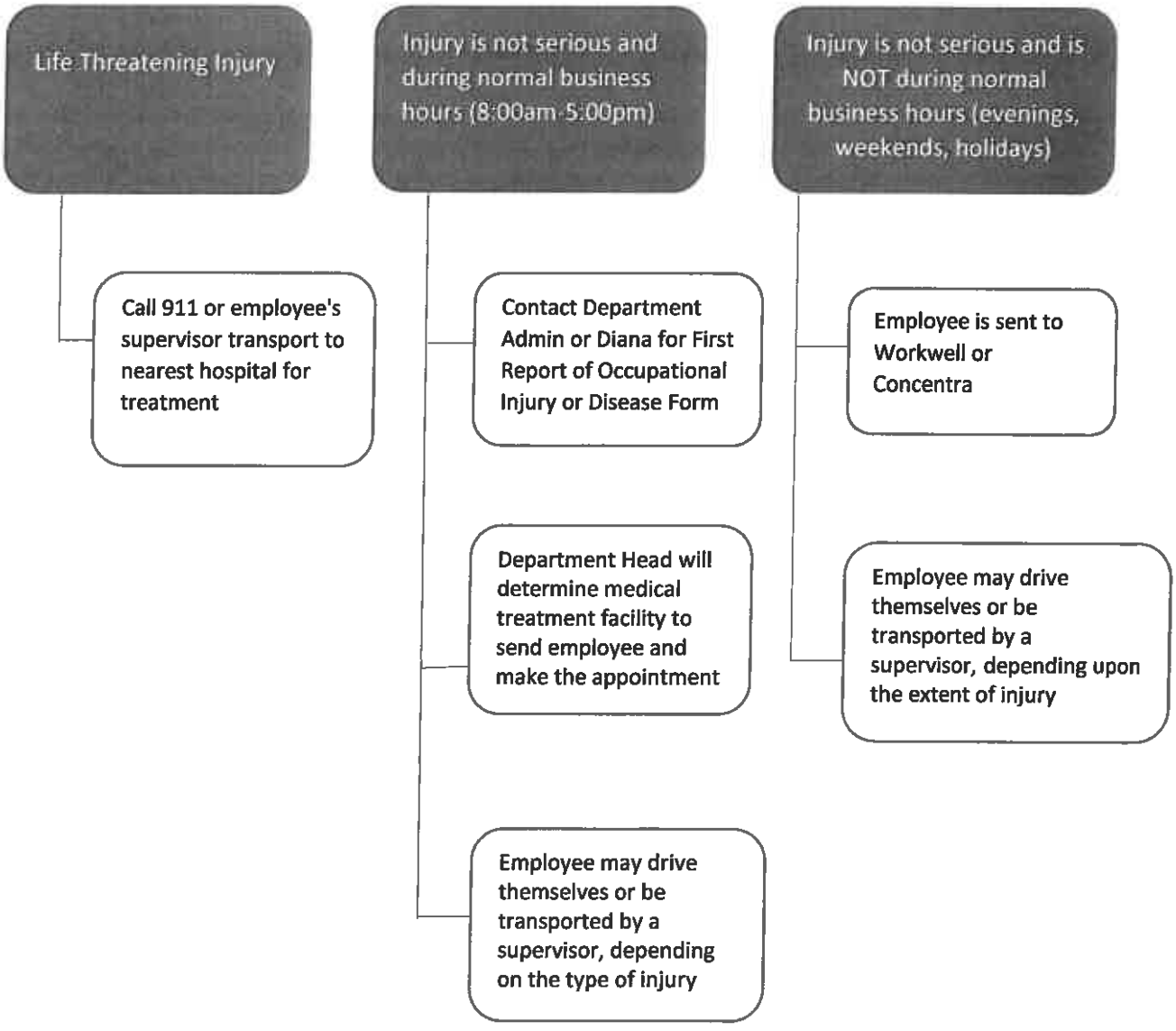
Occupational Accident, Injury, and Near Miss Management Procedure

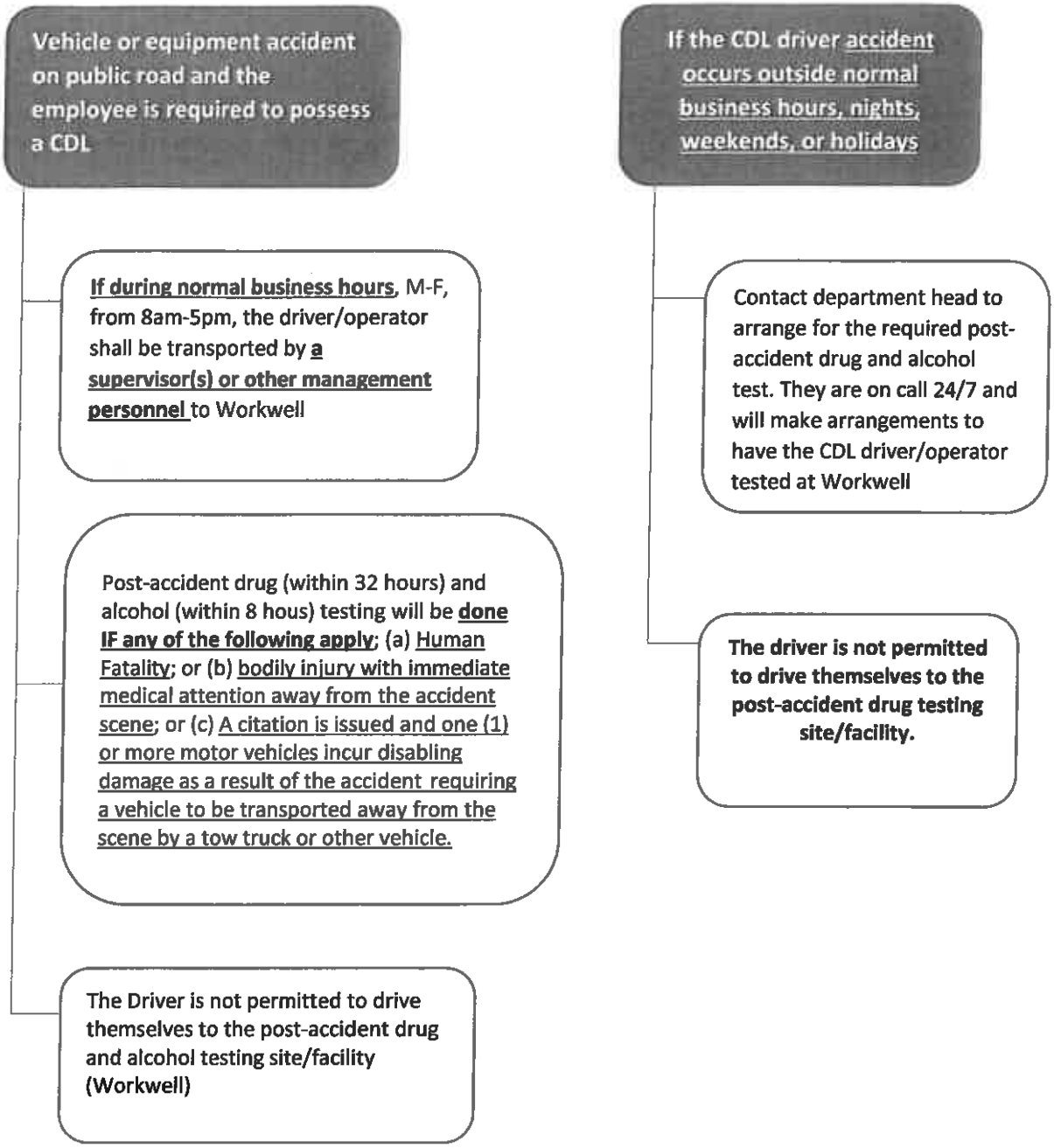
Emergency Care, Reporting, Post Accident Testing, and Investigations

Procedural Steps

Employee Injury

IF an employee sustains an occupational accident or injury, immediately send injured employee for medical treatment or follow the below guidelines:





Follow the below steps ONLY AFTER emergency needs are met, injured employees or members of the public have been transported for medical treatment, and accident and/or injury site has been secured, and employees have been transported to Workwell or other identified location for post-accident drug and alcohol testing for DCL licensed driver/operators.

Next Steps

1. Supervisor or manager completely fills out the **First Report of Occupational Injury or Disease form**; as soon as is practicable.

2. **Forward** the completed First Report of Occupational Injury or Disease form to the Department Admin and to Diana DePaolo in Human Resources (at City Hall), within 24 hours of occurrence, or as soon as is practicable, **and** send a copy to the Department Head and Dept. Safety Coordinator (DSC).

3. Supervisor, Department Head, Dept. Safety Coordinator, and Human Resources will determine the need for an **Accident Investigation**, and who will conduct the investigation, based on a number of factors, including but not limited to; the severity of the incident, any lost time, medical treatment, and/or information obtained from other sources/witnesses, including the police report (vehicle accident).

4. Accident Investigators shall follow practices identified in Supervisor Incident Review Training and use the **Investigation Report form** to aid in the investigation process to identify why the incident occurred and what changes to procedures, policies, equipment, or training need to be implemented to reduce the change of a recurrence.

5. The results of the accident investigation, recommendations to prevent recurrence, and actions/controls taken will be reviewed and discussed at **Department Safety Sub-Committee** meeting(s) for follow-up action as necessary.

6. Corrective actions implemented, new work procedures and new PPE, etc. shall be communicated to employees, and appropriate training provided.

7. **Safety Sub-Committee** will report on the accident or injury, investigation finding and corrective measures implemented to the **City-Wide Safety Committee** at the next scheduled quarterly meeting.

8. As a reminder, all Public Sector employers are required to report as soon as possible to the Maine Department of Labor all work related fatalities or injuries/illnesses when one or more employees are admitted to a medical facility for treatment. At a minimum, **all fatalities must be reported within 8 hours, and hospitalizations must be reported within 24 hours**. The Emergency Notification Phone Number is (207) 592-4501, or accident.bls@maine.gov

9. Questions? Contact Diana DePaolo, Human Resources Director, at (207) 286-0593 (office) or (207) 468-4375 (cell).

Contacts-

Fire-

Kevin Duross (DCS)
Rob Lang
Steve Kiesman
Paul Labrecque

Rec-

Brian Dunphe (DCS)
Nikki Billingslea
Gerry Lapierre

City Hall-

Ray Larose (DCS)
Diana DiPaolo
Hillary Owens
Peter Donaher

Police-

Anthony Ciampi (DCS)
Ricky Doyon
Starr Cloutier

Public Works-

Dylan Jewett (DSC)
Jeff Demers
Carl Marcotte
Ray Parent
Ron Kinney
Don Lapointe

Your MMA claims representative is prepared to assist you.

Please contact them if you have questions.

MMA Claims Department

- 60 Community Drive
- P.O. Box 9109
- Augusta, Maine 04332-9109
- 1-800-590-5583

AFTER HOURS / WEEKEND EMERGENCY #: 207-624-0182 OR 207-624-0183

EMPLOYER'S FIRST REPORT OF OCCUPATIONAL INJURY OR DISEASE

1. WCB FILE NUMBER (if known):

1a. OSHA 300 CASE NUMBER (if applicable):

REASON FOR REPORT (check all that apply)

2a. ☐ LOST TIME - ONE OR MORE DAYS 2b. WAS EMPLOYEE PAID FOR ½ DAY OR MORE ON DAY OF INJURY? ☐ YES ☐ NO

3. ☐ LOST EARNINGS BUT NO LOST TIME 4. ☐ MEDICAL/HEALTH CARE 5. ☐ FATALITY DATE OF DEATH: ___/___/___ MM DD YYYY

6a. ☐ OCCUPATIONAL DISEASE 6b. DATE OF LAST EXPOSURE: ___/___/___ MM DD YYYY 6c. DATE OF DIAGNOSIS AS OCCUPATIONALLY RELATED: ___/___/___ MM DD YYYY

7a. ☐ CORRECT PRIOR REPORT 7b. DATE OF CORRECTION: ___/___/___ MM DD YYYY 7c. DATE CORRECTION SENT TO WCB: ___/___/___ MM DD YYYY

EMPLOYER

8. STATE EMPLOYER UNEMPLOYMENT INSURANCE ACCOUNT NUMBER (UAN):	9. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):		10. EMPLOYER NAME:	
0068041007	01-600023		City of Biddeford	
11. STREET/P.O BOX MAILING ADDRESS:	12. CITY:	13. STATE:	14. ZIP:	15. TELEPHONE NUMBER:
P.O. Box 586	Biddeford	ME	04005	(207) 284-9313
16. PRIMARY BUSINESS PERFORMED BY EMPLOYER WHERE INJURY OCCURRED:	17. EMPLOYER LOCATION IF DIFFERENT FROM MAILING ADDRESS:		18. DID INJURY OR EXPOSURE OCCUR ON EMPLOYER'S PREMISES? ☐ YES ☐ NO IF NO, THEN GIVE NAME AND PHYSICAL ADDRESS OF THE EMPLOYER WHERE THE EMPLOYEE WAS INJURED OR EXPOSED:	
Municipality	39 Alfred Street Biddeford, ME 04005			

(check one) ☐ INSURER ☐ THIRD PARTY ADMINISTRATOR (TPA) ☐ SELF-ADMINISTERED EMPLOYER

19. INSURANCE / TPA COMPANY NAME:	20. POLICY NUMBER:		21. INSURER FILE NUMBER:	
Maine Municipal Association	TBD			
22. STREET/P.O. BOX MAILING ADDRESS:	23. CITY:	24. STATE:	25. ZIP:	26. TELEPHONE NUMBER:
60 Community Drive	Augusta	ME	04332	(800) 590-5583

EMPLOYEE

27. LAST NAME:	28. FIRST NAME:	29. MI:	30. TELEPHONE NUMBER: ( )	31. SOCIAL SECURITY NUMBER:	32. GENDER: ☐ MALE ☐ FEMALE
33. STREET/P.O. BOX MAILING ADDRESS:	34. CITY:		35. STATE:	36. ZIP:	37. DATE OF BIRTH: ___/___/___ MM DD YYYY
38. OCCUPATION/JOB TITLE:	39. DATE OF HIRE ___/___/___ MM DD YYYY		40. WEEKLY WAGE AT TIME OF INJURY: $		41. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER? ☐ YES ☐ NO IF YES, GIVE NAME AND ADDRESS:

CLAIM INFORMATION

42. DATE OF INJURY OR ILLNESS: ___/___/___ MM DD YYYY	43. DATE OF INCAPACITY: ___/___/___ MM DD YYYY	44. TIME EMPLOYEE BEGAN WORK (e.g. 7:30 a.m.):	45. DATE EMPLOYER NOTIFIED INSURER/TPA: ___/___/___ MM DD YYYY
DATE EMPLOYER NOTIFIED: ___/___/___ MM DD YYYY	DATE EMPLOYER NOTIFIED: ___/___/___ MM DD YYYY	46. TIME OF INJURY (e.g. 1:10 p.m.):	47. HAS EMPLOYEE RETURNED TO WORK? ☐ YES ☐ NO IF YES, GIVE DATE: ___/___/___ MM DD YYYY

48. SPECIFIC INJURY OR ILLNESS (e.g. second degree burn or toxic hepatitis):	49. BODY PART(s) AFFECTED (e.g. lower right forearm):	50 ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN THE EVENT OCCURRED (e.g. acetylene torch, metal plate):

51. SPECIFY ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE EVENT OCCURRED (e.g. cutting metal plate for flooring.):	52 HOW INJURY OR ILLNESS OCCURRED DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED OR MADE THE EMPLOYEE ILL. (e.g. worker stepped back to inspect work and slipped on some scrap metal. As worker fell, worker brushed against hot metal.):
WAS ACTIVITY PART OF NORMAL JOB DUTIES? ☐ YES ☐ NO	

53. HOSPITALIZED OVERNIGHT AS INPATIENT? ☐ YES ☐ NO	54. WAS THE EMPLOYEE TREATED IN AN EMERGENCY ROOM? ☐ YES ☐ NO:	55. HEALTH CARE PROVIDER NAME:	56. MAILING ADDRESS:	57. TELEPHONE NUMBER: ( )

PREPARER INFORMATION

58. PREPARER NAME AND TITLE (TYPE OR PRINT):	59. TELEPHONE NUMBER: (207) 282-5127	60. DATE SENT TO WCB: ___/___/___ MM DD YYYY

THE STATE OF MAINE DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY IN ADMISSION TO, ACCESS TO, OR OPERATION OF ITS PROGRAMS, SERVICES, OR ACTIVITIES. THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT. FOR FURTHER ASSISTANCE, CONTACT THE MAINE WORKERS' COMPENSATION BOARD, ADA COORDINATOR, TELEPHONE: 1-888-801-9087 OR TTY Maine Relay 711.

WCB-1 (eff. 1/1/13)

City of Biddeford
Personal Injury / Illness Investigation Report

Safety Committee Member Interview

What unsafe act or unsafe condition contributed to this accident?

What are the basic or fundamental reasons for the existence of these acts and/or conditions? (Fundamental Causes)

What actions has or will be taken to prevent recurrence?

Narrative

Thoroughly describe accident (Who, What, When How, Where, Why)

Safety Committee Member's Signature _____ **Date:**_____

Department Head Signature _____ **Date** _____

Maine Municipal Association

Workers' Compensation Safety Incentive Program - Introduction

Maine Municipal Association Risk Management Services has designed a program to work in partnership with our Workers' Compensation Fund members to improve workplace safety and the member's workers' compensation experience. The goals of this program are to:

- Reduce the incidence of injury and illness throughout the operations
- Improve overall safety in the work environment
- Maintain lines of communication with all employees
- Protect members assets
- Promote a self-sustaining safety culture
- Utilize best practices claim management
- Provide financial incentives which reward our partnership toward safety

Participation in the program will be on a voluntary basis and eligible credits will be applied effective January 1, 2021. These credits will only be added at the next renewal (no mid-term adjustments will be made). Each member must elect to be part of the program on or before April 1 and provide all completed documentation by September 1. The Risk Management Services team will work with the member to help achieve its safety goals.

Each qualifying member may receive an incentive credit up to 10%. The program is tiered into three levels based on documented performance. The tiers and associated credits are:

Tier I..... 5%

Tier II..... 7.5%

Tier III..... 10%

The application of a tier credit will not reduce the annual contribution below the minimum contribution level. However, for those members affected by the minimum contribution level (currently $500 or less) they will receive additional consideration as part of a safety enhancement grant application.

Important Dates

April 1 - Member Acknowledgment Form due

September 1 - Resolve Form due (Only for 1st Year in the Program)

September 1 - Verification Data Form due

WCSIP Program

- Introduction
- Overview
- Criteria

Forms

- Acknowledgment
- Resolve
- Verification
- Facility Survey

Plans

- Personal Protection Equipment
- Slip, Trip & Fall
- Lifting
- Ergo
- Incident Review
- Safety Committee
- Return to Work

Helpful Links

- MDOL Directives
- WCB Preferred Providers
- MMA Online University

MMA WORKERS' COMPENSATION SAFETY INCENTIVE PROGRAM
RESOLVE FORM

WHEREAS, the _____ is a member of the Maine Municipal Association Workers' Compensation Fund (hereinafter "WC Fund"); and

WHEREAS, Maine Municipal Association (hereinafter "MMA") provides risk management services and workers' compensation coverage; and

WHEREAS, MMA developed the Workers' Compensation Safety Incentive Program (hereinafter "the Program") to help reduce the incidents and impact of workplace injuries by implementing WC claim best practices; and

WHEREAS, MMA will provide necessary written program information, and offer assistance to participants; and

WHEREAS, WC Fund members that participate in the Program and complete the required activities, will have the opportunity to earn a credit to their annual contribution; and

WHEREAS, the _____ is committed to providing a safe environment for its employees, citizens, and visiting public; and

WHEREAS, the Program will help enhance such an environment and promote a self-sustaining culture of safety with participating members,

NOW THEREFORE BE IT RESOLVED BY THE _____ to elect to participate in the MMA Workers' Compensation Safety Incentive Program.

DATED THIS _____ DAY OF _____, 20____

ATTEST by Governing Board (signatures or e-signatures):

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Maine Municipal Association
RISK MANAGEMENT SERVICES

WORKERS' COMPENSATION FUND
MEMBER ACKNOWLEDGMENT FORM

MMA WORKERS' COMPENSATION FUND SAFETY INCENTIVE PROGRAM MEMBER ACKNOWLEDGMENT

Please provide the following information:

Member Name: _____

Mailing Address: _____

Name/Title of Person Completing Application: _____

E-mail address of Person Completing Application: _____

Telephone Number: _____

☐ Check here if Key Safety Contact is the same as person completing this form and skip completing the key safety contact information.

Key Safety Contact Person/Title: _____

Key Safety Contact E-mail Address: _____

An effective safety program includes of all levels of management and personnel and will play a key role in the overall performance and success of our safety culture. The Worker's Compensation Safety Incentive Program is established to be of benefit first to the employees it represents, but it also establishes safeguards that protect the Member and the Member's assets. The goals of the program are to:

- Reduce thr incidence of injury and illness throughout the operations
- Improve overall safety in the work environment
- Maintain lines of communication with all employees
- Protect member's assets
- Promote a self-sustaining safety culture
- Utilize best practices claim management
- Provide financial incentives which reward our partnership toward safety

The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking coverage has read and understands the registration, and declares all statements set forth herein are true, complete and accurate.

The signing of this registration and its subsequent forms, acknowledges the member's request for participation in the Safety Incentive Program. Upon receipt an acknowledgement will be sent by e-mail to the member.

E-Signature: _____

Title: _____

Date: _____

RETURN TO: WCSIP@memun.org or fax to (207)624-0127

Maine Municipal Association
RISK MANAGEMENT SERVICES

WORKERS' COMPENSATION FUND
DATA VERIFICATION FORM

Member's Name: _____

Please place a check in all boxes that apply to your organization:

Verification Questions	TIER I	TIER II	TIER III
Resolve adopted and submitted to MMA	☐		
Meets MDOL compliance directives for all departments	☐		
Agrees to **respond** MMA corrective action recommendations within 30 days	☐		
A Personal Protective Equipment safety plan is implemented for all required department	☐		
Safety policies are reviewed and documented annually	☐		
Key personnel assigned safety responsibilities	☐		
A process to communicate safety concerns to all employees is in place	☐		
Leadership is aware of and reviews accidents	☐		
A slip, trip and fall safety policy is in place		☐	
A lifting and back safety policy is in place		☐	
An office ergonomics safety policy is in place		☐	
A safety committee holds meetings at least quarterly and minutes are documented		☐	
Incident reviews (i.e. accidents, near misses) are conducted to find root cause(s) of reported occurrences		☐	
Facility self-inspection are completed annually and documented		☐	
Preferred providers are used		☐	
Employee training is documented			☐
A written incident review policy is in place			☐
A wellness program or similar alternative is offered to employees			☐
A return-to-work policy (light-duty) for all departments is in place			☐
Leadership attends/participates in Safety Committee meetings, trainings and other safety events			☐

E-Signature: _____

Title: _____

Date: _____

RETURN TO: WCSIP@memun.org or fax to (207)624-0127

Personnel Committee Meeting

Meeting Date: Tuesday June 19, 2020
Meeting Time: 3pm

Agenda Item No: 3
Item Description: Alternative Workplace Hours

Submitted by: Hillary Owens, Management Analyst

Supporting Information/Documentation:

Comparable City Data

City Customer Data

Key Terms:

N/A

Executive Summary:

During the February Personnel Committee meeting, it was decided that Human Resources would explore the topic of alternative workplace hours, as an effort to encourage retention and employee wellness.

Detailed Review:

Using data from fifteen cities that would compare in size and scope of work, we have collected and compiled data for nine major departments, specifically looking for the hours of operation for those departments.

The data shows that ten of the comparable cities are open less than forty hours during their workweek, with only five open forty. Further, it shows that there is a common pattern of varied business hours, both among the forty and less than forty hour workweek locations. There is also some variation among the hours of operation, per department, within some of the cities.

It is important to note there are factors not represented, such as 40 hour workweeks that have a half-hour paid lunch vs. and hour unpaid.

*Update- beginning in mid-March the decision was made to close City Hall to the public due to the pandemic. Most City Hall employees were deployed to work from home, at least on a part time basis. Further, the hours of operation were shortened to 8am-4pm and City Hall was closed to everyone on Fridays. We found that we were able to maintain business operations at a satisfactory level during the 10 week period.

Currently, City Hall is continuing to run on an 8am-4pm schedule, with employees expected to work a half hour before their shift or after, and back up to 5 days a week.

Funding Source:

N/A

Staff Recommendation:

We believe that the data gathered warrants further research into the topic of alternative hours of operation. It is the recommendation that human resources continue researching this topic, expanding the scope to include employee productivity, any feeling of perceived benefit to employees, and any ancillary information deemed important, such as paid lunches, shorter lunch breaks, and varied start times.

Allowing work from home scenarios on an as needed basis or varying degrees of shorter business days could certainly present an excellent too for not only recruitment but retention.

Personnel Committee

Meeting Date: Tuesday, June 16, 2020
Meeting Time: 3pm

Agenda Item No: 5
Item Description: Performance Reviews

Submitted by: Diana DePaolo, HR Director

Supporting Information/Documentation:

Key Terms:

Executive Summary:

Performance reviews need to be updated to be user friendly, provide 360 feedback and be able to be uploaded to MUNIS next year. Additionally, a new process has been outlined.

Detailed Review:

Performance reviews over the past few years have been completed for the most part, but are not always documented efficiently, sent to HR to be placed in the central employee file or done in a consistent manner across Department Heads. All of this is particularly important as nonunion employees receive merit based wage increases where the amount of increase an employee gets is based on their annual performance review.

I reviewed many cloud based Performance Review programs in hopes that some software may help us to solve these issues. My overall impression was it seemed expensive for our needs and most offered items far beyond performance reviews, such as onboarding, payroll, etc. which are not needed. Most of the software was upwards of $3000 with many requiring an annual fee to keep the software going year to year.

The City of Biddeford currently uses MUNIS for its HR software. It is how payroll is completed and employee information is stored. My department has a large scale project on the horizon to fix issues that were created during implementation. The program was not set up properly and for us to actually use all of the processes available to us (such as FMLA tracking, job opening tracking, etc) we need to get the software set up properly. I have researched the potential for MUNIS to be used for performance reviews, since we have already purchased the module, and it looks like it could easily meet our need. However, the corrections that need to be made to get the software running as it is supposed to will likely not be completed by June, when reviews are done.

Feedback from supervisors and staff are that the current reviews themselves are not easily completed or clear to understand.

Funding Source:

n/a

Staff Recommendation:

I recommend that for this year we provide Department Head training in May on the purpose, importance, legalities, and best practices of Performance Reviews. There is a training provided by MMA that I would suggest we use combined with breaks to have discussion, give examples and keep engagement high. We should implement a deadline one week earlier than the week of Department Heads meeting with their employees so that I can go over all of the Reviews with the Department Head to insure they are done and make any suggestions or recommendations regarding the written reviews and the conversations to be had. This will also help to insure that there is consistency in ratings across departments.

Additionally, we will be implementing new review forms, including forms for employees to provide feedback on their supervisors, which can be completed electronically with ease and should be easier for both supervisors and employees to complete and understand. The basics of this form is what will be uploaded into MUNIS to be completed in 2021 to provide continuity.

City of Biddeford

Diana DePaolo
Human Resource Director
205 Main St.
Biddeford, ME. 04005

Office: (207) 286-0593
Diana.Depaolo@Biddefordmaine.org

Performance Review Procedures

Date TBD Department Head Training on new procedures and completing performance reviews

6/22/20 Supervisor Review forms sent to employees with instructions by Human Resources; these will remain confidential and be sent directly back to HR; Department Heads begin work on Employee Review Forms

7/3/20 Employee reviews submitted to HR by Department Heads; Supervisor Review forms submitted by employees to HR

7/6 to 7/10/20 Department Heads to meet with Diana to review forms and discuss Review Meetings with Employees (emphasis will be put on employees who have areas to improve on and will increase consistency across the City in terms of performance review and management)

7/13/20 Department Heads begin meeting to discuss Performance Reviews with employees; HR will compile Supervisor Review data

7/22/20 Employee Meetings should be completed by this date and Supervisors will have meetings to review their feedback from employees

All Performance Review paperwork and meetings should be completed by the end of July. For employees where performance needs to improve there should be regular meetings scheduled as a check in regarding improvements. These should be documented and filed as well.

City of Biddeford, Maine

360 Degree Manager Effectiveness Evaluation

Introduction

In keeping with the goals of the City of Biddeford to continuously improve, we are asking for your candid feedback on the performance of your manager this past year. A summary of all feedback received will be prepared for each individual manager so that he or she can use the feedback to learn and develop as a manager. Your individual feedback will be averaged into all the responses received in order to **protect your anonymity** and ensure that **the results each manager receives are completely confidentia**l. HR will also prepare an overall summary to assess areas for additional company-provided management training.

Thank you for your contribution to this very important process.

Name of Manager:_____

Completed by (optional):_____

Date: _____

Instructions

Using the following rating scale, please circle the number that best reflects your rating of your manager's performance during the past year.

Rating Scale	
1	Unacceptable
2	Needs improvement
3	Meets standard
4	Exceeds standard
5	Outstanding
6	Have not experienced or observed

Valuing Behaviors	1	2	3	4	5	6
Seeks input from all team members	☐	☐	☐	☐	☐	☐
Maintains a balance between "people" issues and "business" issues	☐	☐	☐	☐	☐	☐
Keeps the focus on fixing problems rather than finding someone to blame	☐	☐	☐	☐	☐	☐
Treats people fairly, without showing favoritism	☐	☐	☐	☐	☐	☐
Protects confidentiality	☐	☐	☐	☐	☐	☐
Recognizes and rewards my individual contributions in a manner meaningful to me	☐	☐	☐	☐	☐	☐
Interdependent Behaviors	**1**	**2**	**3**	**4**	**5**	**6**
Supports a team environment by recognizing and rewarding collaboration, cooperation and activities contributing to others' success	☐	☐	☐	☐	☐	☐
Doesn't criticize those who are not present	☐	☐	☐	☐	☐	☐
Considers the impact of actions and decisions on other departments before implementing	☐	☐	☐	☐	☐	☐
Recognizes and supports the work of other departments	☐	☐	☐	☐	☐	☐
Communication Behaviors	**1**	**2**	**3**	**4**	**5**	**6**
Is open to other perspectives and is willing to change his or her position when presented with compelling information	☐	☐	☐	☐	☐	☐
Is open to negative and/or constructive feedback	☐	☐	☐	☐	☐	☐

Gives open and constructive feedback	☐ ☐ ☐ ☐ ☐ ☐
Effectively deals with conflict	☐ ☐ ☐ ☐ ☐ ☐
Lets me know how I am doing	☐ ☐ ☐ ☐ ☐ ☐
Involves me in decision-making when appropriate	☐ ☐ ☐ ☐ ☐ ☐
Sets a clear direction for me and my department	☐ ☐ ☐ ☐ ☐ ☐
Leadership Behaviors	1 2 3 4 5 6
Encourages and embraces change by challenging the status quo	☐ ☐ ☐ ☐ ☐ ☐
Provides cross-functional development opportunities for team members	☐ ☐ ☐ ☐ ☐ ☐
Encourages and supports my involvement in training and development activities and events	☐ ☐ ☐ ☐ ☐ ☐
Encourages and supports my involvement in community activities and events	☐ ☐ ☐ ☐ ☐ ☐
Uses actions and behaviors that are consistent with his or her words	☐ ☐ ☐ ☐ ☐ ☐
Is trustworthy	☐ ☐ ☐ ☐ ☐ ☐
Is a role model for continuous improvement	☐ ☐ ☐ ☐ ☐ ☐
Uses a coaching management style, rather than an authoritarian boss management style	☐ ☐ ☐ ☐ ☐ ☐
Supports a customer service approach for both internal and external customers	☐ ☐ ☐ ☐ ☐ ☐

General Feedback

Optional: Type or print your answers; add additional pages if needed. Please be as specific as possible by including examples.

1. What activities, behavior, feedback or coaching would you like your manager to stop doing? Please explain.

2. List and briefly describe examples of the behavior, activities, feedback or coaching your manager has provided that makes your job and work environment more enjoyable and meaningful to you.

3. Please provide comments that you feel will be meaningful for your manager to sustain or improve his or her effectiveness.

City of Biddeford, Maine

Employee Performance Review

Employee Information

Employee Name **Employee ID**

Job Title **Date**

Department **Manager**

Review Period

Ratings

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge	☐	☐	☐	☐	☐
Comments					
Work Quality/Accuracy	☐	☐	☐	☐	☐
Comments					
Attendance/Punctuality	☐	☐	☐	☐	☐
Comments					
Productivity	☐	☐	☐	☐	☐
Comments					
Communication/Listening Skills	☐	☐	☐	☐	☐
Comments					
Dependability	☐	☐	☐	☐	☐
Comments					

***Overall Rating** (average the rating numbers above)*

Evaluation

ADDITIONAL COMMENTS

EMPLOYEES MAJOR STRENGTHS

AREAS OF IMPROVEMENT

EMPLOYEE GOALS FOR YEAR

Verification of Review

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.

Employee Signature _____ Date _____

Manager Signature _____ Date _____