RESOLUTION 14-49

RESOLUTION AUTHORIZING THE EXECUTION AND PAYMENT OF AN AVERAGE 2% WAGE BONUS TO ALL NON-BARGAINING UNIT EMPLOYEES OF THE CITY OF MARCO ISLAND, FLORIDA; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the governing body of **CITY OF MARCO ISLAND, FLORIDA** desires to reward their Non-Bargaining Unit employees a 2% wage bonus for their service as validated from their most recent performance evaluations issued during the fiscal year of 2013-2014 (example performance evaluation is attached as "Exhibit A"); and

WHEREAS, the Non-Bargaining Unit employees do not receive the same variety of benefits as provided to the Collective Bargaining unit employees. IE; (defined benefit pension plan, specialty incentive & skills pay, education incentive pay and uniform allowance); and

WHEREAS, the bonuses would be paid prior to September 30, 2014, from available appropriations in the fiscal year 2013-2014 budget; and

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF LESSEE AS FOLLOWS:

Section 1. The City has an established policy of evaluating all City employees. Non-Bargaining Unit employees were evaluated pursuant to that established policy. A one-time merit bonus may be provided to those employees based on the evaluation policy.

Section 2. An average 2% bonus is hereby authorized to all Non-Bargaining Unit employees of the City of Marco Island.

Section 3. The funding for the bonuses is available in the appropriated funds in the fiscal year 2013-2014 budget of the City of Marco Island.

Section 4. Employee bonus checks shall be distributed as a separate check.

Section 5. The foregoing Resolution shall take effect immediately upon its adoption on this 22nd day of September, 2014.

Attest:

Laura M. Litzan, City Clerk

CITY OF MARCO ISLAND, FLORIDA

BY: Kenneth E. Honecker

Kenneth E. Honecker, Chairman

Approved as to form and legal sufficiency:

Burt L. Saunders, City Attorney

"Exhibit A"

City of Marco Island
Performance Appraisal Form

Employee Information:

Employee Name:		Department:	
Job Position/Grade:		Date Assigned to Present Position:	
Review Date:			
Period of Review	From:	To:	
☐Probationary Review	☐Annual Review	☐Other	
Supervisor Name:			

PERFORMANCE APPRAISAL SYSTEM

STEP 1: JOB DESCRIPTION:

Review the employee's job description as part of the appraisal process to be sure you both agree on what the job responsibilities are. Update the job description and submit to Human Resources or request a job audit if you feel changes should be made.

STEP 2: HOW WELL YOU DO THE JOB:

Rate the employee on each of the factors listed, based on the job requirements defined in the job description, work contract, procedures, etc., and based on the expectation of performance identified for the employee as work is assigned throughout the performance periods.

STEP 3: HOW TO IMPROVE:

Identify areas of improvement, either to meet or exceed expectation and list specific steps (including OJT or formal training) the employee can take to improve his/her performance rating.

APPRAISAL FORM INSTRUCTIONS

Appraise the performance of this employee on those factors contained in this form for the period under review. Be objective and do not let your appraisal of one factor influence your appraisal of another. Each factor to be evaluated has five levels of achievement by which it may be measured. Each level is defined with examples of performance which may be accepted as characteristic of that level.

Rating Scale:

Rating	Level	Definition
5	Outstanding – Substantially exceeds expectations	Extraordinary performance; work is always expert, exemplary and flawless; always exceeds job requirements and results expected by a substantial degree.
4	Excellent – Exceeds expectations	Superior performance; most work is characterized by unusual accomplishments beyond job requirements; significantly and consistently performs at a level above that expected.
3	Meets Expectations	Meets major job requirements; is consistently effective and competent; achieves results expected.
2	Needs Improvement – Below Expectations	Needs improvement to meet major job requirements; work is fairly acceptable in some respects but does not meet expectations.
1	Unsatisfactory – Substantially below expectations	Performance is unacceptable; substantial improvement is necessary to meet job requirements.

JUSTIFICATION FOR PERFORMANCE RATING:

Give Specific examples to justify why the performance factor rating was given to the employee.

SPECIFIC GOALS FOR IMPROVEMENT:

Identify steps the employee can take to improve and show when the steps should be finished.

TRAINING NEEDED TO ACCOMPLISH GOALS:

List the on-the-job or formal training you think is needed to help the employee meet the goals for improvement.

Appraisal by Supervisor:

FACTORS	NUMBER RATING 5>1
1. Competency	
a. Knowledge of Job	
b. Accuracy/Quality of Work	
c. Quantity of Work	
d. Dependability	
e. Judgment/Decision Making	
Total	
Average	

MANAGEMENT/SUPERVISOR FACTORS	NUMBER RATING 5>1
2. Management Skills	
a. Planning, Organizing, Decision Making & Creativity	
b. Leading, Staffing, Employee Relations, Administrating, Delegating, and Controlling	
c. Influencing, Facilitating, Policy Formulation & Implementation	
Total	
Average	

FACTORS	PASS/FAIL
3. Team Work	
a. Coordination	
b. Communication	
c. Collaboration	
Pass (2.5 points) or Fail (0 points) **Total Points**	

FACTORS	PASS/FAIL
4. Work Habits	
a. Compliance with rules and procedures	
b. Enthusiasm	
c. Attendance	
d. Safety and Housekeeping	
Pass (2.5 points) or Fail (0 points) **Total Points**	
GRAND TOTAL	

Maximum Points = 57.5

In the supervisor comments, reference the factors so that you tell the employee how well the job was done and how to improve performance.

For Example:

1a – Knowledge of the job – Comment for this factor
3b – Communication – Comment for this factor

Supervisor Comments:

EMPLOYEE:
I ACKNOWLEDGE THAT THIS PERFORMANCE EVALUATION HAS BEEN DISCUSSED WITH ME AND THAT I HAVE BEEN GIVEN REASONABLE OPPORTUNITY TO RESPOND. PLEASE ATTACH EMPLOYEE COMMENTS IF APPLICABLE.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Department Director Signature: _____ Date: _____

Human Resources Signature: _____ Date: _____

***** GOALS AND OBJECTIVES – WHEN APPLICABLE ARE ATTACHED *****

SUPPLEMENT TO PERFORMANCE APPRAISAL FOR MANAGERS AND DIRECTORS - GOALS/OBJECTIVES

Name: **Title:**

Weighting: Give each Goal a value so that the total weight is 100%.

	GOALS	VALUE	ACTUAL
1			
2			
3			
4			
5			
	TOTAL		100%

The Performance Evaluation: Rate and Comment on the factors, goals and objectives.

Step 1: The supervisor completes the performance evaluation. The Supervisor and Department Head must sign the evaluation.
Step 2: The performance evaluation is then sent to Human Resources for approval and signature.
Step 3: The performance evaluation is then sent back to the Supervisor for review and discussion with the employee.
Step 4: The employee is given a reasonable opportunity to respond, make comments and sign.
Step 5: The completed performance evaluation form is sent to Human Resources and retained with the employee's record.

There are four required signatures: Employee, Supervisor, Department Director, and Human Resources.