



**KNIGHTS
OF COLUMBUS®**

EVALUATION OF FINANCIAL SECRETARY

WHEN A KNIGHT ACTS SELFLESSLY, HE ACTS ON BEHALF OF THE WORLD

Worthy Supreme Knight:

DATE: _____

The following evaluation of Financial Secretary is hereby submitted.

Council Number: _____ Council Location: _____
City/Town State/Province

Financial Secretary's Name: _____ Membership Number _____

The Financial Secretary's current major occupation is: _____

(Place a check (✓) in appropriate box)

	Excellent	Good	Fair	Poor
1. Utilizes the Member Management/Member Billing Applications to record member data, produce member bills and cards, record receipts and vouchers. Follows procedures for NOTICE OF INTENT TO RETAIN.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attends regular meetings, special meetings and First Degrees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. All books and records available and in good condition for semi-annual audits by trustees. Available to answer questions during audit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Promptly mails all required forms (membership documents, Officers Report, Fraternal Survey, etc) to proper persons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperates fully with all council officers and chairmen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Promptly draws orders on the treasurer for payment of bills levied against the council. Turns all funds collected over to the treasurer for deposit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Complies with all confidentiality and data management requirements of Supreme Council.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Reviews monthly council statements and semi-annual membership rosters with the council and grand knight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Rating of his overall attitude and efficiency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECOMMENDATION:

We hereby recommend the reappointment of Brother _____

We do not recommend the reappointment of Brother _____

If not recommended, please indicate when the Financial Secretary's term should end: _____
Date

Trustee for One Year _____
Signature Required Date

Trustee for Two Years _____
Signature Required Date

Trustee for Three Years _____
Signature Required Date

Grand Knight _____
Signature Required Date

District Deputy _____
Signature Required Date

State Deputy _____
Signature Required Date

Forward to: Knights of Columbus, Financial Secretary Appointments, 1 Columbus Plaza, New Haven, CT 06510-3326
 or Financial.Secretary@kofc.org
 or Fax to (203) 752-4103