

Evaluation of Financial Secretary

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: _____

Financial Secretary's current employment 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 <i>Notice of Intent to Retain</i> (#1845).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attends regular meetings, special meetings and ceremonials.	<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 _____

Current Financial Secretary is not seeking reappointment at the end of his term.

FS Signature required Term end date

We **do not** recommend the reappointment of Brother _____

For this termination, 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 only when Not Recommended (Date)

State Deputy _____
Signature Required only when Not Recommended (Date)

Forward to: Knights of Columbus
Financial Secretary Div.
P.O. Box 554
Elmsford, NY 10523-9906

Alternatively, you may email this completed and signed form to financial.secretary@kofc.org
OR fax to (203) 752-4113.