

EMPLOYMENT PERFORMANCE EVALUATION

| | |
|--------------------------------------------|-----------|
| Employee: | Position: |
| Annual Review: | Other: |
| Period covered by review: | |
| Employee's job description/primary duties: | |

Rating Levels:

| | | |
|-----|---|--------------------------------------------------------------|
| 1 | = | Outstanding - consistently exceeds requirements |
| 2 | = | Above average - meets and sometimes exceeds requirements |
| 3 | = | Standard - meets all job requirements |
| 4 | = | Improvement needed - occasionally does not meet requirements |
| 5 | = | Unsatisfactory - often does not meet minimum requirements |
| N/A | = | Not applicable to this position |

| SKILL | 1 | 2 | 3 | 4 | 5 |
|-----------------------------|---|---|---|---|---|
| KNOWLEDGE | 1 | 2 | 3 | 4 | 5 |
| QUALITY OF WORK | 1 | 2 | 3 | 4 | 5 |
| QUANTITY OF WORK | 1 | 2 | 3 | 4 | 5 |
| ACCURACY | 1 | 2 | 3 | 4 | 5 |
| INITIATIVE | 1 | 2 | 3 | 4 | 5 |
| DEPENDABILITY | 1 | 2 | 3 | 4 | 5 |
| FOLLOWS POLICIES/PROCEDURES | 1 | 2 | 3 | 4 | 5 |
| INTEREST IN JOB | 1 | 2 | 3 | 4 | 5 |
| ATTENDANCE | 1 | 2 | 3 | 4 | 5 |
| INTERPERSONAL SKILLS | 1 | 2 | 3 | 4 | 5 |
| PERSONAL APPEARANCE | 1 | 2 | 3 | 4 | 5 |

Supervisor's comments:

Employee's comments:

Supervisor's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

EMPLOYMENT PERFORMANCE EVALUATION

| | | |
|--------------------------|-------------------------|---------------------------|
| EMPLOYEE: | | TITLE: |
| DEPARTMENT: | | EMPLOYEE NO: |
| DATE OF PRESENT POSITION | DATE OF LAST EVALUATION | NEXT SCHEDULED EVALUATION |

REASON FOR EVALUATION

- ANNUAL MERIT PERFORMANCE
 END OF PROBATION PROMOTION OTHER _____

INSTRUCTIONS: Evaluate employee's work performance as it pertains to the job requirements. Circle the letter that best describes the employee's performance since the last evaluation. Add comments if necessary. (N/A if Not Applicable)

E - Excellent A - Above Average S - Satisfactory D - Decreased Performance U - Unsatisfactory

| FACTORS | SINCE LAST EVALUATION | COMMENTS |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------|
| AVAILABILITY The degree to which an employee is prompt, follows rules concerning break and meal periods and overall attendance. | E A S D U | |
| ADHERENCE TO POLICY The degree to which an employee follows safety rules and other regulations. | E A S D U | |
| BEHAVIOR PATTERN The stability, politeness, and judgement shown on the job. | E A S D U | |
| CREATIVITY The degree to which an employee suggests ideas, discovers new and better ways of accomplishing goals. | E A S D U | |
| DEPENDABILITY The degree to which an employee can be relied upon to complete a job. | E A S D U | |
| INDEPENDENCE The degree of work accomplished with little or no supervision. | E A S D U | |
| INITIATIVE The degree to which an employee searches out new tasks and expands abilities professionally and personally. | E A S D U | |

| FACTORS | SINCE LAST EVALUATION | COMMENTS |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------|
| INTERPERSONAL RELATIONSHIPS The willingness and ability to communicate, cooperate, and work with co-workers, supervisors, and customers. | E A S D U | |
| KNOWLEDGE OF JOB Useful technical skills and information used at work. | E A S D U | |
| PRODUCTIVITY The accuracy of work finished in a specific amount of time. | E A S D U | |
| QUALITY The accuracy, detail, and acceptability of work accomplished. | E A S D U | |

E - Excellent A - Above Average S - Satisfactory D - Decreased Performance U - Unsatisfactory

NEW ACCOMPLISHMENTS OR ABILITIES SINCE LAST EVALUATION:

AREAS WHICH NEED IMPROVEMENT:

RECOMMENDATIONS FOR CAREER DEVELOPMENT - SCHOOLING, SEMINARS, ETC.:

Rate employee's performance overall in comparison to the job requirements involved with his/her position.

- | | | |
|----------------------------------------|----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> AVERAGE | <input type="checkbox"/> UNSATISFACTORY |
| <input type="checkbox"/> ABOVE AVERAGE | <input type="checkbox"/> BELOW AVERAGE | <input type="checkbox"/> NOT RATED |

COMMENTS:

Individual was evaluated on _____ Employee's Signature _____

Follow up evaluation requested Yes No Follow Up Date _____

Evaluator: _____ Date: _____

Evaluator's Supervisor: _____ Date: _____