



CITY OF SNOQUALMIE PERFORMANCE EVALUATION FORM

EMPLOYEE INFORMATION

Name: _____
 Position Title: _____
 Department: _____
 Date of Employment: _____
 Supervisor: _____

Probation Period
 Yearly Evaluation
 Date: _____

Performance Trait	Marginal	Needs Improvement	Proficient	Commendable
<u>Position Knowledge</u> – Assess employee’s grasp of procedures and methods of operations, equipment involved on the job and subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Quality of Work</u> – Assess the accuracy, content and thoroughness of employee’s work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Quantity of Work</u> – Assess degree to which employee meets or exceeds expectations for “normal” production.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Versatility</u> – Assess employee’s ability to handle new duties and responsibilities or respond quickly and well to changes in procedures or situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Initiative</u> – Assess degree to which employee is a self-starter, can work with minimum supervision, seeks new and better methods to do job, contributes new ideas to the operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Cooperation</u> – Assess how employee gets along with co-workers, customers, clients & other people contacted in the course of the job; how willing employee accepts assignment; and how well the employee reacts to constructive criticism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Independent Judgment</u> – Assess employee’s ability to tackle new problems and situations and arrive at proper solutions with minimum guidance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Dependability</u> – Assess employee’s attendance record with regard to meeting contractual requirement for number of hours worked and ability to meet scheduled work times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor's Comments: _____
[Redacted]

Training Completed: (since last evaluation) _____
[Redacted]

Suggested Goals: _____
[Redacted]

Supervisor Signature: _____ Date: _____
Department Head Signature: _____ Date: _____

Employee Comments and Signature

My supervisor/dept. head has discussed this evaluation with me. I understand that my signature does not necessarily imply agreement with the rating given and that I may add any information or comments relevant to this evaluation.

Employee Comments: _____

Please describe any performance areas in which you would like to improve.

Employee Signature: _____ Date: _____

Employee Name: _____
Department: _____

Forms/Certifications/Equipment Updated:
Update the following section as appropriate for the position being evaluated.

Washington State Driver's License

- Expiration Date: _____
- Request Abstract of Driving Record
- Check Commercial Driver's License (CDL) if applicable
Expiration Date: _____
- First Aid Certification Yes No CPR Certification
If Yes, Expiration Date: _____
If No, Scheduled for Training: _____
- Flagger Card
Expiration Date: _____
- Physical, if applicable
- Professional/Technical Certification: _____

Expiration Date(s): _____
- Special Awards or Recognition you have received since last evaluation

- Equipment Issued (list city supplied equipment issued, if applicable)

- Update personal data sheet (family, address, etc.)
- Update beneficiary information, if needed (retirement)

I understand that the City of Snoqualmie does not tolerate harassment of any kind and I am familiar with the City policy against such behavior.
_____ Initial

I understand the City of Snoqualmie's Internet and Email Policies. These policies prohibit abuse of communication technology and I am familiar with this policy.
_____ Initial

I have read and understand the City of Snoqualmie's Personnel Policies.
_____ Initial