Employee Name:		Evaluation Date:			
Employee ID #:		Evaluation Period:		to	
Employee Position/Title:			Start Date:	to	End Date:
Employee Date of Hire:		Annual Review or Other:			

I. Job Knowledge	**Expectations:** Employee possesses skills, knowledge, and abilities to perform at a level commensurate with their level of training and as outlined by their job description
Evaluator's Comments	

II. Professionalism & Organizational Representation	**Expectations:** Employee maintains professional appearance and complies with established policies and directives, continually considers their own appearance as a reflection of the department's, interacts with others outside the organization while representing the department in a professional manner
Evaluator's Comments	

III. Initiative & Attitude	**Expectations:** Employee knows what needs to be done next to do the job, begins work without waiting to be told, shows interest in work
Evaluator's Comments	

IV. Quality/Quantity of Work, Relationships with Others	**Expectations:** Completes duties as assigned, insures duties are completed error free, knows when to work with others to successfully complete an assignment, shares information with co-workers and keeps supervisor informed of work status, emerging problems or issues
Evaluator's Comments	

Employee's Name: _____

V. Professional Development and Leadership	**Expectations:** Employee completes non-required training to improve job knowledge, skills, and abilities, instructs or assists others in improving their knowledge, skills, and abilities
Evaluator's Comments	

VI. Attendance	**Expectations:** Excluding earned time off, employee is on time when reporting for duty and requests minimum interruptions in their work schedule, follows policy when requesting time off
Evaluator's Comments	

VII. Safety and Workplace Environment	**Expectations:** Employee wears appropriate PPE or safety equipment where required, follows safety rules, policies, procedures, and directives
Evaluator's Comments	

Evaluator's Name:		Evaluator's Position/Title:	
Evaluator's Signature:		Employee's Signature:	
Date:		Date:	
I hereby certify that this report constitutes my best judgment of the service value of this employee.		*The employee's signature shall not be construed as meaning that the employee necessarily agrees with the evaluation, but merely that the employee has had the opportunity to review it with the evaluator.*	

Employee's Name: _____

Evaluator's Recommendations for Improvement (use back if necessary):

Employee's Comments (use back if necessary):

Deputy Chief Signature:		Chief Signature:	
I have reviewed this evaluation and all of its contents.		*I have reviewed this evaluation and all of its contents.*	

Employee's Name: _____