



EMPLOYEE APPRAISAL

Employee _____ Title _____

Department _____ Division _____

Date of Review _____

Performance Ratings	1-2 Unsatisfactory	3-4 Needs Improvement	5-6 Good	7-8 Very Good	9-10 Outstanding
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			Employee Rating	Supervisor Rating
1. Customer Service	<i>Demonstrates a constant, sincere interest in providing the highest quality of service to the community</i>		<input type="checkbox"/>	<input type="checkbox"/>
2. Adherence to City Policy	<i>Follows applicable policies and procedures</i>		<input type="checkbox"/>	<input type="checkbox"/>
3. Working Relationships	<i>The willingness to work with and help others, the ability to accept constructive criticism, and cooperate with fellow employees and supervisors</i>		<input type="checkbox"/>	<input type="checkbox"/>
4. Quality of Work	<i>Goals and objectives are met, along with standards of quality</i>		<input type="checkbox"/>	<input type="checkbox"/>
5. Productivity	<i>The ability to produce appropriate quantity of acceptable work and meeting City standards</i>		<input type="checkbox"/>	<input type="checkbox"/>

6. Reliability and Dependability	<i>The amount of supervision required, along with timely completion and follow-up of duties and assignments</i>	<input type="checkbox"/>	<input type="checkbox"/>
7. Knowledge of Job	<i>Demonstrated knowledge of present job, of work closely related to duties, and of equipment necessary to perform job functions</i>	<input type="checkbox"/>	<input type="checkbox"/>
8. Attendance	<i>Unexcused (non-supervisor approved) and excused (supervisor approved, but unplanned; i.e. excessive use of sick time); tardiness</i>	<input type="checkbox"/>	<input type="checkbox"/>
9. Initiative	<i>The extent to which new work assignments and additional duties are sought out by employee, i.e. self-initiative</i>	<input type="checkbox"/>	<input type="checkbox"/>
10. Creativity	<i>The ability to offer suggestions and propose new and creative ideas and solutions to working situations</i>	<input type="checkbox"/>	<input type="checkbox"/>
Total			<input type="checkbox"/>

Overall Performance Rating

Identify an action or project that the employee has done that you are most proud:

Identify an action or project that the employee has done that you would have done differently:

List any training and/or goals that you believe would benefit the employee's performance:

Evaluator Comments:

Employee Comments:

Approvals

Employee Signature	_____	Date	_____
Evaluation Supervisor Signature	_____	Date	_____
Supervisor Signature	_____	Date	_____
Department Director Signature	_____	Date	_____
City Manager Signature	_____	Date	_____