

Section 6.1

FRANCESTOWN EMPLOYEE EVALUATION FORM

Employee Name: _____ Position: _____

Date of Hire: _____ Date Assumed Current Position (if different): _____

Current Pay Rate: _____ Last Review Date: _____ Review Period: _____

Definition of Performance Ratings

1. **Unsatisfactory:** Employee does not perform or make significant effort to achieve performance standards. This category indicates immediate corrective action and/or disciplinary action should be taken.
2. **Needs Improvement:** Employee performance is below satisfactory levels at least in some areas. This category indicates that performance must improve within a set period of time or corrective action will be necessary in the future.
3. **Satisfactory:** Employee performs consistently at an acceptable level of efficiency and effectiveness.
4. **Very Good:** Employee performs consistently above a satisfactory level of performance.
5. **Outstanding:** Employee performs consistently far above a satisfactory level of performance.

Evaluation

- I. Employee's Goals for Current Review Period:
- A.
 - B.
 - C.
 - D.
 - E.
 - F.

The following goals have been accomplished: _____

The following goals have NOT been accomplished: _____

Score on employee's achievement of goals: _____

- II. **Serving the Public:** Courtesy in dealing with the public and effectiveness in meeting the public's needs, both in public meetings and during other observed interactions.

Score: _____

Comments: _____

III. **Planning & Organizing:** Establishing a course of action, structuring or arranging resources, and setting priorities for self and employees to accomplish specific goals. Demonstrated ability to plan ahead, schedule work, set realistic goals, anticipate and prepare for future assignments, set logical priorities and uses time wisely.

Score: _____

Comments: _____

IV. **Departmental Leadership & Personnel Management:** Selecting, managing, motivating and developing employees, following prescribed personnel policies and practices. Utilization of appropriate interpersonal styles and methods to guide individuals or groups toward effective employee development and counseling and sharing leadership when appropriate.

Score: _____

Comments: _____

V. **Oral & Written Communications:** Expression of ideas orally and in writing, providing relevant and timely information to superiors, co-workers, subordinates and citizens; listening to and understanding others.

Score: _____

Comments: _____

VI. **Policy Development:** The development and implementation of sound policy, which identifies and analyzes problems effectively and develops alternative solutions. This encompasses job knowledge, which includes depth, currency, and breadth.

Score: _____

Comments: _____

VII. **Financial Management:** Effective development and implementation of departmental budgets, operating within prescribed fiscal limits, and complying with purchasing policies and procedures.

Score: _____

Comments: _____

VIII. **Decision Making & Job Knowledge:** Knowledge of information required to perform the job and ability to apply that information for problem solving. Overall judgment, timeliness and effectiveness in making and implementing sound decisions.

Score: _____

Comments: _____

IX. **Initiative and Responsibility:** Recommends new methods and techniques. Thinks and acts without being urged. Takes responsibility for seeing to work completion and correction of problems and errors.

Score: _____

Comments: _____

X. **Work Habits & Attitude:** Overall efficiency, organization, and work ethic, including attendance and punctuality. Accepts assignments, observes rules, works well with others and treats them with courtesy and respect and generally has a positive demeanor.

Score: _____

Comments: _____

Employee's overall score (calculated by adding scores on I – X): _____

Employee's goals for next review period:

1. _____

-
2. _____

 3. _____

 4. _____

 5. _____

Employee Comments to this review:

What overall score out of 50 would you give yourself based on going through the items above? _____

How do you feel about your performance during this past evaluation period?

Other comments or concerns.

I acknowledge that I have received a copy of this evaluation. My signature does not indicate approval or agreement with the ratings or comments made.

Signature of Employee

Date

Signature of Supervisor*

Date

*Board of Selectmen Chairperson when the Board of Selectmen is the supervisor,

Town of Lyndeborough

Non-Exempt Employee Performance Appraisal / Evaluation - 2015

Employee Name:	Department/Office:	Date of this Review:
Position/Title:	Labor Grade:	Reason for Review: 6-mos. { } Annual { <input checked="" type="checkbox"/> } Other { }
Present Rate of Pay: Exempt/Annual: \$ _____ Non-Exempt/Hourly \$ _____	Proposed % Increase:	Increase Effective Date:

FACTORS TO BE EVALUATED

EVALUATE PERFORMANCE AND ACCOMPLISHMENTS USING THE FOLLOWING SCALE:

(5) EXCEPTIONAL (4) EXCEEDS EXPECTATIONS (3) MEETS EXPECTATIONS
 (2) NEEDS IMPROVEMENT (1) UNSATISFACTORY (N/A) NOT APPLICABLE TO CURRENT POSITION

PERSONAL

	5	4	3	2	1	N/A
ATTENDANCE						
ATTITUDE						
APPEARANCE (Grooming / Dress)						
COMMITMENT						
COMPREHENSION						
COOPERATION						
COURTESY						
DECISIVENESS						
DEPENDABILITY						
DIPLOMACY						
FEEDBACK:						
Deliverance of:						
Receipt of:						
FLEXIBILITY / ADAPTABILITY						
INITIATIVE / MOTIVATION						
INTEGRITY						
LISTENING						
LOYALTY						
PUNCTUALITY						
TEAMWORK						

PROFESSIONAL/JOB

	5	4	3	2	1	N/A
ACCURACY						
ATTENTION TO SAFETY						
CARE OF EQUIPMENT						
COMMON SENSE/JUDGMENT						
COMMUNICATION:						
Oral						
Written						
COMPLIANCE WITH RULES						
CRITICAL THINKING						
DRIVING SKILLS:						
Normal Conditions						
High Stress						
EFFICIENCY						
FORESIGHT/PLANNING						
KNOWLEDGE						
LEADERSHIP						
NEATNESS OF PRODUCT						
ORGANIZATIONAL SKILLS						
QUALITY OF WORK						
RESOURCE MANAGEMENT						
SKILL						
TRAINING / INSTRUCTING						

SUMMARY/OVERALL EVALUATION: OVERALL RATING:	5 195-157	4 156-118	3 117-79	2 78-40	1 39-0
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SUPPORTING COMMENTS:

**SUMMARIZE THE STATUS OF KEY GOALS
INDICATE WHETHER GOALS WERE ACHIEVED OR NOT ACHIEVED**

GOALS			COMPLETION COMMENTS
Goal 1	<input type="radio"/> Achieved	<input type="radio"/> NOT Achieved	
Goal 2	<input type="radio"/> Achieved	<input type="radio"/> NOT Achieved	

FUTURE GOALS AND SUGGESTED IMPROVEMENTS

Approvals

_____ Date _____ Employee _____ Date _____

_____ Date _____ Human Resources _____ Date _____

Employee's Signature above acknowledges receipt of – and does not necessarily indicate agreement with – this review.

EMPLOYEE COMMENTS - OPTIONAL

I do _____ do not _____ wish to appeal this review to the next level management.

_____ Date _____

Town of Lyndeborough Exempt Employee Performance Appraisal / Evaluation - 2015

Employee Name:	Department/Office:	Date of this Review:
Position/Title:	Labor Grade:	Reason for Review: 6-mos. { } Annual { } Other { }
Present Rate of Pay: Exempt/Annual: \$ _____ Non-Exempt/Hourly \$ _____	Proposed % Increase:	Increase Effective Date:

FACTORS TO BE EVALUATED

EVALUATE PERFORMANCE AND ACCOMPLISHMENTS USING THE FOLLOWING SCALE:		
(5) EXCEPTIONAL	(4) EXCEEDS EXPECTATIONS	(3) MEETS EXPECTATIONS
(2) NEEDS IMPROVEMENT	(1) UNSATISFACTORY	(N/A) NOT APPLICABLE TO CURRENT POSITION

EVALUATION CRITERIA

	5	4	3	2	1	N/A		5	4	3	2	1	N/A
ACCURACY							FEEDBACK:						
ATTENTION TO SAFETY							Deliverance of:						
ATTITUDE							Receipt of:						
COMMITMENT / LOYALTY							FLEXIBILITY/ADAPTABILITY						
COMMON SENSE							FORESIGHT / PLANNING						
COMMUNICATION:							INITIATIVE / MOTIVATION						
Oral							INTEGRITY						
Written							KNOWLEDGE						
COMPLIANCE WITH RULES							LEADERSHIP						
COMPREHENSION							LISTENING						
COOPERATION							MANAGEMENT:						
COURTESY							People						
CRITICAL THINKING							Project / Process						
DECISIVENESS							NEATNESS OF PRODUCT						
DEPENDABILITY							ORGANIZATIONAL SKILLS						
DIPLOMACY							QUALITY OF WORK						
EFFICIENCY							TEAMWORK						

SUMMARY/OVERALL EVALUATION:	5	4	3	2	1
OVERALL RATING:	195-157	156-118	117-79	78-40	39-0

SUPPORTING COMMENTS:

**SUMMARIZE THE STATUS OF KEY GOALS
INDICATE WHETHER GOALS WERE ACHIEVED OR NOT ACHIEVED**

GOALS			COMPLETION COMMENTS
Goal 1	<input type="radio"/> Achieved	<input type="radio"/> NOT Achieved	
Goal 2	<input type="radio"/> Achieved	<input type="radio"/> NOT Achieved	

FUTURE GOALS AND SUGGESTED IMPROVEMENTS

Approvals

_____	_____	_____	_____
Direct Supervisor	Date	Employee	Date
_____	_____	_____	_____
Next Level Management	Date	Human Resources	Date

Employee's Signature above acknowledges receipt of – and does not necessarily indicate agreement with – this review.

EMPLOYEE COMMENTS - OPTIONAL

I do _____ do not _____ wish to appeal this review to the next level management.

Employee Signature _____
Date