

P E R F O R M A N C E A P P R A I S A L (rev. 6/1/09)

Employee Name ↗ *(as it appears on payroll)* _____

Rater ↗ _____

Title ↗ _____

Title ↗ _____

EIN ↗ _____

Department ↗ _____

Required: Annual Mid-Probation (for all types served) Trainee Program (mid-point)

Optional (see Educational Guide): Type: _____

Appraisal Cycle / Effective Dates:
(Must match appraisal cycle dates of the existing performance plan currently on file) From: _____ (mo/yr) To: _____ (mo/yr)

Actual Date Appraisal Issued/Presented to Employee: (mo/day/yr) _____

PART 1: ORGANIZATIONAL CONDUCT <i>(Required)</i>	RATING
<p><u>Attendance and Punctuality</u> <i>(the degree to which the employee can be depended upon to be available for work and to fulfill position responsibilities)</i></p> <ul style="list-style-type: none"> ▪ Time off is scheduled in advance ▪ Work is begun on time ▪ Partial and full day absences are kept within guidelines ▪ Job responsibilities are covered when absent 	<input type="checkbox"/> Surpasses <input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable
<p><u>Interactions with Others</u> <i>(the extent to which the employee shows understanding and sensitivity to the needs and problems of others internal to the organization or doing business with the County, i.e., contractors, vendors, consultants, etc.)</i></p> <ul style="list-style-type: none"> ▪ Working relationships are effective ▪ Positive image of self and others is displayed ▪ Respectful and cooperative demeanor is observed 	<input type="checkbox"/> Surpasses <input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable
<p><u>Work Habits</u> <i>(the manner in which the employee conducts him or herself in the work environment)</i></p> <ul style="list-style-type: none"> ▪ Applicable laws, rules, policies and directives are observed ▪ Safety standards and procedures are followed ▪ County equipment is properly used and maintained 	<input type="checkbox"/> Surpasses <input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable
<p><u>Category Narrative</u> – <i>Required (reflects an overview of performance category ratings for Organizational Conduct)</i></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	

PART 2: CUSTOMIZED PERFORMANCE DIMENSIONS <i>(Required)</i> <i>List below the 3 - 5 performance dimensions from Part 3 of the existing Performance Plan currently on file</i>	RATING
	<input type="checkbox"/> Surpasses <input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable
	<input type="checkbox"/> Surpasses <input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable
	<input type="checkbox"/> Surpasses <input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable
	<input type="checkbox"/> Surpasses <input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable
	<input type="checkbox"/> Surpasses <input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable

Category Narrative – Required (reflects an overview of performance category ratings for Customized Dimensions)

PART 3: LEADERSHIP (Required for Supervisors Only)	RATING
<p>Staff Relations (the degree to which the employee creates and maintains effective supervisor/staff relations)</p> <ul style="list-style-type: none"> ▪ Fair and equitable treatment of staff is observed ▪ Work environment is safe and free from harassment ▪ Support for a diverse workforce is exhibited 	<input type="checkbox"/> Surpasses <input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable
<p>Productivity Results (the degree to which the employee oversees the work flow and processes of a work unit, division or department)</p> <ul style="list-style-type: none"> ▪ Decisions made are timely and appropriate to the situation ▪ Problems and challenges are handled with proficiency ▪ Expected results are achieved on time and within budget 	<input type="checkbox"/> Surpasses <input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable
<p>Supervision (the extent to which the employee shows the ability to authorize work and supervise assigned staff)</p> <ul style="list-style-type: none"> ▪ Work schedules are established and monitored for effectiveness ▪ Directives given are clear and communicated in a timely manner ▪ Performance feedback is given in accordance with County guidelines ▪ Recognition and staff development opportunities are appropriately provided ▪ Thorough and timely action is taken in response to poor performance 	<input type="checkbox"/> Surpasses <input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable
<p>Category Narrative – Required for Supervisors only (reflects an overview of performance category ratings for Leadership Dimensions)</p> <p></p>	

PART 4: PERFORMANCE APPRAISAL SIGNATURES

Rater's Signature & Date

I conducted at least one progress review discussion with the employee during the appraisal cycle. I also discussed the performance appraisal ratings with the employee and, if needed, explained job expectations, areas needing clarification, or performance issues requiring improvement.

Rater's Signature ↗
(Signs first, immediately after discussing appraisal with employee)

Date ↗
(mo/day/yr appraisal discussed with employee)

Rater Comments (Optional):

Employee's Signature & Date

I was given the opportunity to discuss the contents of this evaluation with my Rater. I understand that I may request a reconsideration of appraisal ratings and/or respond to the appraisal within five (5) calendar days from the date of issuance in the space provided below or by attaching one (1) supplemental typewritten or legibly handwritten page. I understand the completed appraisal will be forwarded to Human Resources for inclusion in my official personnel file.

Employee Signature ↗
(Signs second, immediately following appraisal discussion with Rater or has the option to sign and submit within 5 calendar days)

Date ↗
(mo/day/yr – within 5 calendar days of appraisal discussion with Rater)

Employee Comments (Optional):

*** It is advisable to wait for the employee response period (5 calendar days) to elapse before submitting the appraisal to the Reviewer for final approval.**
***The optional employee response is the only appraisal attachment permitted.**

Reviewer's Signature & Date *(Final approval)*

I have reviewed and concur with the Rater's appraisal ratings and narratives.

Reviewer's Signature ↗
(Signs last, after Employee/Rater meet and sign)

Date ↗
(mo/day/yr)

Original - Human Resources

Copies – Department File & Employee