

Name: _____

Date: _____

<p>7. Professional Growth: Accepts new ideas and/or procedures. Takes additional training/education. Comments: _____ _____</p>	<p>1 2 3 4 5</p>
<p>8. Productivity: Work product/assignment (end result) reflects high quality. Work product is accurate, reliable, presentable, thorough, and reflects job knowledge. Comments: _____ _____</p>	<p>1 2 3 4 5</p>
<p>9. Safety: Performs job assignments safely, protecting people and property. Comments : _____ _____</p>	<p>1 2 3 4 5</p>
<p>10. Decision-making: Makes timely and reasonable decisions and takes necessary action, even in stressful situations. Comments: _____ _____</p>	<p>1 2 3 4 5</p>
<p>11. Flexibility: Performs other job related tasks as assigned, willingly, timely, and effectively. Comments: _____ _____</p>	<p>1 2 3 4 5</p>
<p>12. All department forms are submitted as required and on time (Absence from Duty, timesheets, etc.) Comments: _____ _____</p>	<p>1 2 3 4 5</p>
<p>Overall work performance: Considering 1-12 above: (Note: Some Performance Indicators may be "weighted" more than others - this should be taken into consideration in the determination of the overall work performance.)</p>	<p>1. Unsatisfactory-Below Standard 2. Needs to Improve 3. At Standard 4. At Times Above Standard 5. Consistently Exceeds Standard</p>
<p>ATTENDANCE RECORD: <i>Supervisor to track attendance and punctuality</i></p>	<p>Days Sick: _____ Days Tardy: _____ Time Frame: Personal Necessity: _____ From: _____ Other Leaves: _____ To: _____</p>

Remarks:

Improvement Objective(s):

Name: _____

Date: _____

Record job strengths and superior performance incidents: _____

Record progress achieved in attaining previously set goals for improved work performance: _____

Record specific goals to be undertaken during next evaluation period: _____

FOR PROBATIONARY EMPLOYEES ONLY:

Do you feel that this employee should be recommended for permanent status? Yes
No
N/A at this time

Supervisor's Name (please type or print)

Supervisor's Signature

Title

Date

Employee comments: _____

Note: Signature of employee indicates the above performance review was discussed with the reviewer and does not necessarily indicate agreement on the part of the employee. If the employee disagrees with the above review, he/she may submit a written statement to the Division Head within five (5) working days from receipt of the review. The employee's statement will be attached to the Performance Review and submitted to the employee's personnel file.

Employee's Signature

Date

I request an appointment to discuss this evaluation report at the next administrative level(s).

_____ Reviewer's Name (please type or print)	_____ Reviewer's Signature
_____ Title	_____ Date