

Employee Performance Evaluation

INSTRUCTIONS: Use this form to evaluate classified or exempt employees in non-professional, non-supervisory positions.

EMPLOYEE INFORMATION								
Name: Last	First	M.I.	Employee ID Number					
Classification		Status	Prob. End Date (If applicable)					
Department	Division	Unit	Period Covered					
Reason For Review			From: To:					
Merit Raise Status Change Annual Review Other (Explain)								
RATERS: It is understood that the importance of each category will vary with job classification and department. Explain your rating in								
terms of performance in each ca	terms of performance in each category. Mark the appropriate box. Use additional sheets if necessary.							
1. QUANTITY OF WORK: Includes amount								
	ds Improvement Satisfact	ory 🔲 Above Sat	tisfactory Outstanding					
EXPLAIN REASON FOR RATING:								
2. QUALITY OF WORK: Includes accuracy work product.	, achievement of objectives; effect	iveness, initiative and	l resourcefulness and, neatness of					
	s Improvement Satisfactor	y Above Satist	factory Outstanding					
EXPLAIN REASON FOR RATING:								
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3. WORK HABITS: Includes attendance, observation of work hours, completion of work on schedule, compliance with rules, policies, and directives, safety practice and use of tools and equipment.							
RATING:	Unsatisfactory	Needs Impr		Satisfactory	Above Satisfactory	Outstanding	
EXPLAIN REA	ASON FOR RATING:				—		
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l							
	BEONAL SKILLET	Includos participati	on and toam	work: contribution to	- unit moralo: working coo	poratively with the public	
					o unit morale; working coo d counseling from superior		
RATING:	Unsatisfactory	Needs Impro	ovement	Satisfactory	Above Satisfactory	Outstanding	
EXPLAIN REA	SON FOR RATING:						
	VERALL EVALUAT						
	SFACTORY:	Performance is inadequate and must be corrected					
	IMPROVEMENT:	Performance does not fully meet requirements as indicated below.					
	ACTORY:	Employee is performing as required and expected in an entirely satisfactory manner.					
	SATISFACTORY:	Performance surpasses job requirements. Consistently conspicuous, distinguished performance. Employee displays initiative and creativity.					
	ANDING:				ance. Employee displays i atal efficiency and/or effect		
Check one of the following if the employee is eligible for a Merit Increase: Granted Deferred, re-evaluate in months.							
If an employ	yee is eligible for p	ermanent status, pl	lease check o	one of the following	:		
	Granted	Denied			ith employee's written peri not extend beyond one year)	mission (attached)	



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WAYS THE EMPLOYEE CAN OR MUST IMPROVE PERFORMANCE: If overall rating is Needs Improvement or Unsatisfactory, a written plan of action for improvement must be included in this section. Optional if Satisfactory or better.						
RATER: This report is based on my observations, knowledge of employ represents my best judgment of the employee's performance.						
Rater's Signature:	Date:					
Print Name:	Title:					
REVIEWER: I have received this report and discussed it with the rater.						
performance in accordance with Administrative Order. I concur in the re-	ecommendation, if any, as to merit raise or permanent status.					
Reviewer's Signature:	Date:					
Print Name:	Title:					
EMPLOYEE: I acknowledge that I have received a copy of this evaluation. I have had an opportunity to discuss it with my supervisor. In signing this evaluation, I do not necessarily agree with the conclusions. I understand that I may write my comments on another sheet of paper or below.						
A permanent employee who has received an overall evaluation of "Unsatisfactory" or "Needs Improvement," must first request a review of the performance Evaluation by the Department Director within ten (10) calendar days. If the decision of the Director is not acceptable to the employee, the employee may continue the appeal within ten (10) calendar days after receipt of the Director's decision by making a request in writing to the Human Resource Department Director.						
I have read and understand the above appeal process.						
EMPLOYEE COMMENTS						
Employee's Signature:	Date:					