



DeSoto County BOCC

Employee Performance Review Form

Employee Information								
Name: (Last, First, MI)				Employee ID:				
Job Title:				Date:				
Department:				Supervisor:				
Review Period:		to		Report Reason (circle one):	Feedback	Probationary	Annual	Special

MM/DD/YY

MM/DD/YY

Ratings

	Unsatisfactory	Fair	Average	Good	Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Evaluator Comments:</i>					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Evaluator Comments:</i>					
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Evaluator Comments:</i>					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Evaluator Comments:</i>					
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Evaluator Comments:</i>					
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Evaluator Comments:</i>					

Supervisor Comments

Comments con't:

Supervisor Goals for Employee for Upcoming Year: Recommended 3 goals.

GOAL # 1:

GOAL #2:

GOAL #3:

Employee Comments: Attach extra sheets as necessary

Comments:

Verification of Review – Supervisor Must Review Evaluation with Director prior to Presenting to Employee

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.

Supervisor Signature:		Date:	
Department Director Signature:		Date:	
Employee Signature:		Date:	
County Administrator Signature:		Date:	