

City of Albany
PERFORMANCE EVALUATION FORM

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|-----------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Employee: | <input type="checkbox"/> Annual performance evaluation |
| Department: | <input type="checkbox"/> Unscheduled performance evaluation |
| Classification: | <input type="checkbox"/> Training period performance evaluation |
| Review Period: | <input type="checkbox"/> Final training period performance evaluation. Completion of ____-month training period on _____. |
| Due Date: | <input type="checkbox"/> Probationary performance evaluation |
| | <input type="checkbox"/> Final probationary period performance evaluation. Completion of ____-month probationary period on _____. |

A copy of the employee's Self-Evaluation Form shall be attached to the completed Performance Evaluation Form.

SECTION 1 – GOALS/WORK ASSIGNMENTS AND EMPLOYEE'S PROGRESS. (List the goals/work assignments set during the previous evaluation. Explain the progress made on each goal and comment on how well it was accomplished.)

SECTION II – OTHER GOALS AND ACCOMPLISHMENTS. (List the other goals and accomplishments for job-related activities.)

SECTION III – FUTURE GOALS/WORK ASSIGNMENTS. (List the goals/work assignments set by employee and supervisor for the next evaluation period.)

SECTION IV – JOB-RELATED CAREER GOALS. (List training, schooling, or other career development programs needed to accomplish these goals.)

SECTION V – PERFORMANCE IMPROVEMENTS AND RECOMMENDED PLAN OF ACTION.
(Describe the plan of action to be taken by the employee, the work group, and the supervisor to improve the employee’s performance.)

SECTION VI – PERFORMANCE SUMMARY. (Evaluate the employee’s strengths, weaknesses, and overall level of competency.)

SECTION VII – STEP INCREASE RECOMMENDATION. (Please check one)

- Not Applicable
- This employee has performed satisfactorily or better and should be granted a Step Increase.
- This employee has not met my expectations for satisfactory performance and should not be granted a Step Increase.

The next evaluation will be _____.

I certify that this report has been discussed with me. I understand my signature does not necessarily indicate agreement and that my Self-Evaluation Form will be attached to this document.

EMPLOYEE SIGNATURE _____ DATE: _____

SUPERVISOR SIGNATURE _____ DATE: _____
TITLE: _____
NAME: _____

DIVISION MANAGER SIGNATURE _____ DATE: _____
TITLE: _____
NAME: _____

DEPARTMENT HEAD SIGNATURE _____ DATE: _____
TITLE: _____
NAME: _____

HUMAN RESOURCES DIRECTOR SIGNATURE _____ DATE: _____
NAME: David Shaw

EMPLOYEE COMMENTS: