EMPLOYEE PERFORMANCE EVALUATION

EMPLOYEE INFORMATION

Name: _____   **Date:** _____

Job Title: _____   **Supervisor:** _____

Position Classification: _____   **Supervisor Title:** _____

Date Hired: _____

Review Period: _____

PERFORMANCE STANDARDS

Instructions: This evaluation must be completed by the immediate supervisor based on the employee's performance for the review period using the rating scale outlined. Each factor can earn up to 5 rating points. Once the supervisor has completed the evaluation document, it will be presented to the reviewing officer for signature. The supervisor will then schedule a meeting with the employee to discuss his/her performance and to obtain the employee's signature on the evaluation document. The evaluation must be completed prior to the review date to be timely.

Five Levels of Performance:
   1 = Poor – *Performance is unacceptable. Improvement necessary.*
   2 = Fair *– Failed to meet expectations or met them only partially.*
   3 = Satisfactory – *Met practically all expectations and in some instances exceeded them.*
   4 = Good – *Met all expectation and in many instances exceeded them.*
   5 = Excellent – *Exceeded all expectations.*

Ratings	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge	☐	☐	☐	☐	☐
Comments					
Work Quality	☐	☐	☐	☐	☐
Comments					
Planning/Organizing	☐	☐	☐	☐	☐
Comments					
Initiative	☐	☐	☐	☐	☐
Comments					
Communication/Listening Skills	☐	☐	☐	☐	☐
Comments					
Dependability	☐	☐	☐	☐	☐
Comments					
Coordination/Cooperation	☐	☐	☐	☐	☐
Comments					
Dependability	☐	☐	☐	☐	☐
Comments					
Overall Rating *(average the rating numbers above)*					

COMMENTS SUPPORTING EVALUATION

ADDITIONAL COMMENTS:	
GOALS *(as agree upon by employee and supervisor)*	
RECOMMENDED FOR RENEWAL:	☐ **Yes** ☐ **No**

VERIFICATION OF PERFORMANCE REVIEW

By signing this form, you confirm that you have discussed this review in detail with your supervisor. I have read and received a copy of it.

_____   _____
Employee Signature   **Date**

_____   _____
Supervisor Signature   **Date**