

Performance Evaluation

Employee Name: _____

Title: _____

Review Period: _____ / _____ / _____ to _____ / _____ / _____

Employee SSN: _____

Department: _____

Supervisor: _____

Type Review: _____ 90 Day _____ Annual Performance

Section I

INSTRUCTIONS

1. RATING: Based on the rating system in place rate each and every category. If the category does not apply place a N/A for not applicable. Once every category has been rated/completed add the numbers up and then divide by the total categories rated (do not count not applicable categories). The results of this procedure would represent the total for the evaluation.

2. COMMENTS: Use this section to make any relevant comments that help support the rating given for that specific category. This is a very important and critical element of the evaluation process. It is expected that comments will be made for each category. It is important to use actual examples whenever possible.

3. GENERAL: In this section it is extremely important to be as specific as possible when completing each category. Use actual examples whenever possible. This section is not rated but should be consider as important for an overall understanding of the employees evaluation for the previous year and any necessary actions for the upcoming one.

4. SIGNATURES: Make sure that both you and the employee signs and dates the evaluation form.

RATING DEFINITIONS

1 = EXCELLENT - Give this rating when the employee is performing with very little to no errors, and requires little to no supervision.

2 = ABOVE AVERAGE - Give this rating when the employee has very few errors and requires very little supervision.

3 = AVERAGE - Give this rating when the employee makes few errors and requires a moderate amount of supervision.

4= BELOW AVERAGE - Give this rating when the employee makes several errors and requires a large amount of supervision. This employee needs retraining to become competent.

5 =UNSATISFACTORY - Give this rating when the employee makes a large amount of errors and needs constant supervision. This employee is very close to failing and will need to be placed on a performance improvement plan. At a minimum will need significant training to become competent.

N/A or NOT APPLICABLE - This employee either does not perform this type of work or has not been observed enough for the supervisor to rate them in that particular category.

Section II

CATEGORY RATINGS

JOB KNOWLEDGE - Has skills and knowledge necessary to perform all aspects of job. Keeps current on all new procedures and attends all company sponsored job related training. When required keeps current on all licensing and/or certifications.

REMARKS: _____

RATING: _____

QUALITY OF WORK - Work assigned is accurate, complete and complies with all company standards and policies.

REMARKS: _____

RATING: _____

QUANTITY OF WORK - Produces significant amount of quality work assigned meeting or exceeding job requirements.

REMARKS: _____

RATING: _____

ORAL AND WRITTEN COMMUNICATIONS SKILLS - Communicates very effectively with all customers, staff and visitors. They communicate very effectively using all written formats, such as, reports and email.

REMARKS: _____

RATING: _____

TEAMWORK - Always cooperates with staff, provides assistance when needed, and volunteers often for additional assignments. Never hesitates to pitch in where ever possible. They participate on committee(s).

REMARKS: _____

RATING: _____

RELIABILITY - Can be relied upon to follow through on assignments. Attendance and punctuality is excellent rarely having an unscheduled absence or tardy.

REMARKS: _____

RATING: _____

FLEXIBILITY/ADAPTABILITY - Very easily will adjust to any changes to their normal routine, to include requests from customers, staff, or management.

REMARKS: _____

RATING: _____

TIME MANAGEMENT – They make effective use of their time. Plans work to meet deadlines.

REMARKS: _____

RATING: _____

DECISION MAKING/PROBLEM SOLVING - Always evaluates options effectively based on the facts identified. Uses resources effectively to identify and solve problems.

REMARKS: _____

RATING: _____

SAFETY- Identifies any and all safety related issues and offers potential solutions. Always wears proper Personal Protective Equipment when necessary. Understands and complies with company safety procedures and policies. Has a good safety record.

REMARKS: _____

RATING: _____

OVERALL RATING: _____

OVERALL COMMENTS: _____

Section III

GENERAL

NOTABLE ACCOMPLISHMENTS DURING PAST YEAR

REMARKS: _____

STRENGTHS

REMARKS: _____

OPPORTUNITIES FOR IMPROVEMENT

REMARKS: _____

OVERALL COMMENTS: _____

EMPLOYEE COMMENTS: _____

Section IV

This evaluation has been discussed with me; however, by my signature it does not imply that I agree or disagree. Place the original in the Personnel File and a copy shall be given to the employee.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____