

Scheduled _____ Not Scheduled _____

EMPLOYEE PERFORMANCE EVALUATION

Name _____ Date _____

Dept _____ Title _____

_____ New Employee _____ Annual _____ Other

Date of Last Review _____ Length of Current Position _____

Overall Ratings

U = Unsatisfactory F = Fair S = Satisfactory G = Good E = Excellent						
	U	F	S	G	E	Comments
<u>Job Knowledge:</u> Employee possesses a clear knowledge of the responsibilities and the task he/she must perform.						
<u>Job Performance:</u> The neatness, thoroughness, quality and accuracy of the employee's work. Attendance/Tardiness						
<u>Communication:</u> Employee is reliable in terms of telephone, email, and public communication - in addition to, communicating with coworkers						
<u>Work Environment:</u> Employee helps contribute toward positive morale in the workplace						

- 1) Organizational and Administrative Effectiveness: Ability and effectiveness in establishing priorities, allocation of resources and implementation of tasks and programs.

Employee Scoring: 1 2 3 4 5

Supervisor Scoring: 1 2 3 4 5

- 2) Ability to work with Others: Ability and willingness to effectively work with superiors, subordinates and peers – as well as non-city personnel, keeping the City's best interest in mind.

Employee Scoring: 1 2 3 4 5

Supervisor Scoring: 1 2 3 4 5

- 3) Initiative & Resourcefulness: Creativity, self-reliance, development and implementation of new approaches and methods.

Employee Scoring: 1 2 3 4 5

Supervisor Scoring: 1 2 3 4 5

- 4) Leadership: Ability to develop subordinates, motivate personnel and move department toward common goals.

Employee Scoring: 1 2 3 4 5

Supervisor Scoring: 1 2 3 4 5

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5) Professional Development: Capacity and desire to broaden perspectives and increase professional abilities.

Employee Scoring: 1 2 3 4 5

Supervisor Scoring: 1 2 3 4 5

6) Overall Effectiveness/Contribution to the Organization: Ability to provide sense of direction, service to all citizens, support to other departments and attain department and city goals.

Future Goals & Objectives

Supervisor: _____

Employee: _____

Employee Comments

Employee Signature and Date: _____

Scheduled _____ Not Scheduled _____

Supervisor Signature and Date: _____