

Employee Performance Evaluation

INSTRUCTIONS: Use this form to evaluate classified or exempt employees in non-professional, non-supervisory positions.

| EMPLOYEE INFORMATION | | | | | | | | |
|---|----------------------------|--------------------------|------------------------------------|--|--|--|--|--|
| Name: Last | First | M.I. | Employee ID Number | | | | | |
| Classification | | Status | Prob. End Date (If applicable) | | | | | |
| Department | Division | Unit | Period Covered From: To: | | | | | |
| Reason For Review Merit Raise Status Change Annual Review Other (Explain) | | | | | | | | |
| RATERS: It is understood that the importance of each category will vary with job classification and department. Explain your rating in terms of performance in each category. Mark the appropriate box. Use additional sheets if necessary. | | | | | | | | |
| 1. QUANTITY OF WORK: Includes am | | | • | | | | | |
| | Needs Improvement Satisfac | tory | tisfactory | | | | | |
| EXPLAIN REASON FOR RATING: | | | | | | | | |
| | | | | | | | | |
| 2. QUALITY OF WORK: Includes accumork product | | tiveness, initiative and | d resourcefulness and, neatness of | | | | | |
| · | Needs Improvement | ry | factory | | | | | |
| EXPLAIN REASON FOR RATING: | | | | | | | | |
| REVISED 6/10/2010 | | | 1 | | | | | |



Employee Performance Evaluation

| A.INTERPERSONAL SKILLS: Includes participation and teamwork: contribution to unit morale; working cooperatively with the public, peers, and subordinates; and accepting advice and counseling from superiors. RATING: Unsatisfactory Needs Improvement Satisfactory Above Satisfactory Outstanding | 3. WORK | | attendance, observati ives, safety practice : | | | | liance with rules, policies, |
|--|---|-------------------|---|-------------|---------------------|---------------------------------|------------------------------|
| 4. INTERPERSONAL SKILLS: Includes participation and teamwork; contribution to unit morale; working cooperatively with the public, peers, and subordinates; and accepting advice and counseling from superiors. RATING: Unsatisfactory Needs Improvement Satisfactory Above Satisfactory Outstanding EXPLAIN REASON FOR RATING: Unsatisfactory: Performance is inadequate and must be corrected | RATING: | _ | | | | | Outstanding |
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| REVISED 6/10/2010 | REVISED 6/10/201 | 0 | | (Note: Prob | ationary Period may | not extend beyond one year) | |



Employee Performance Evaluation

| WAYS THE EMPLOYEE CAN OR MUST IMPROVE PERFORMANCE: If over plan of action for improvement must be included in this section. Options | | | | |
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| plan of action for improvement made so included in this dection. Options | ar in Cattoractory or Bottor. | | | |
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| Description of the second | | | | |
| RATER: This report is based on my observations, knowledge of employ represents my best judgment of the employee's performance. | ee's performance and review of applicable information. It | | | |
| represente injugent at the employee o penemano. | | | | |
| Rater's Signature: | Date: | | | |
| Print Name: | Title: | | | |
| REVIEWER: I have received this report and discussed it with the rater. It represents an accurate appraisal of the employee's performance in accordance with Administrative Order. I concur in the recommendation, if any, as to merit raise or permanent status. | | | | |
| Reviewer's Signature: | Date: | | | |
| Print Name: | Title: | | | |
| EMPLOYEE: I acknowledge that I have received a copy of this evaluation In signing this evaluation, I do not necessarily agree with the conclusion sheet of paper or below. | | | | |
| A permanent employee who has received an overall evaluation of "U review of the performance Evaluation by the Department Director within acceptable to the employee, the employee may continue the appeal decision by making a request in writing to the Human Resource Department." | n ten (10) calendar days. If the decision of the Director is not within ten (10) calendar days after receipt of the Director's | | | |
| I have read and understand the above appeal process. | | | | |
| EMPLOYEE COMMENTS | | | | |
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| Employee's Signature: | Date: | | | |

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