



Employee Performance Evaluation

3. WORK HABITS: Includes attendance, observation of work hours, completion of work on schedule, compliance with rules, policies, and directives, safety practice and use of tools and equipment.

RATING: Unsatisfactory Needs Improvement Satisfactory Above Satisfactory Outstanding

EXPLAIN REASON FOR RATING:

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:

RATER'S OVERALL EVALUATION

- UNSATISFACTORY:** Performance is inadequate and must be corrected
- NEEDS IMPROVEMENT:** Performance does not fully meet requirements as indicated below.
- SATISFACTORY:** Employee is performing as required and expected in an entirely satisfactory manner.
- ABOVE SATISFACTORY:** Performance surpasses job requirements.
- OUTSTANDING:** Consistently conspicuous, distinguished performance. Employee displays initiative and creativity. Employee has substantially enhanced departmental efficiency and/or effectiveness.

Check one of the following if the employee is eligible for a Merit Increase: Granted Deferred, re-evaluate in ____ months.

If an employee is eligible for permanent status, please check one of the following:

- Granted
- Denied
- Extended for ____ months with employee's written permission (attached)
(Note: Probationary Period may not extend beyond one year)



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WAYS THE EMPLOYEE CAN OR MUST IMPROVE PERFORMANCE: If overall rating is Needs Improvement or Unsatisfactory, a written plan of action for improvement must be included in this section. Optional if Satisfactory or better.

RATER: This report is based on my observations, knowledge of employee's performance and review of applicable information. It represents my best judgment of the employee's performance.

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. I have had an opportunity to discuss it with my supervisor. In signing this evaluation, I do not necessarily agree with the conclusions. I understand that I may write my comments on another sheet of paper or below.

A permanent employee who has received an overall evaluation of "Unsatisfactory" or "Needs Improvement," must first request a review of the performance Evaluation by the Department Director within ten (10) calendar days. If the decision of the Director is not acceptable to the employee, the employee may continue the appeal within ten (10) calendar days after receipt of the Director's decision by making a request in writing to the Human Resource Department Director.

I have read and understand the above appeal process.

EMPLOYEE COMMENTS

Employee's Signature:

Date: