



CLASSIFIED EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME: _____ **POSITION:** _____
ASSIGNMENT START DATE: _____ **DEPARTMENT:** _____
EVALUATION DATE: _____ **SUPERVISOR:** _____

RATING: <input type="checkbox"/> 3 Mo <input type="checkbox"/> 6 Mo <input type="checkbox"/> 9 Mo (Optional) <input type="checkbox"/> 11 Mo (Final Probation) <input type="checkbox"/> Annual <input type="checkbox"/> Special				
PERFORMANCE INDICATORS	<i>Meets or Exceeds Job Requirements</i>	<i>Improvement Required *</i>	<i>Unsatisfactory *</i>	
1) Works effectively with fellow employees and the public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Areas of Strength:
2) Accepts and willingly carries out assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) Responds affirmatively to constructive criticism and suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Areas for Improvement:
4) Maintains confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) Follows proper channels of communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Improvement Review Date:
6) Demonstrates correct oral & written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Goals:
7) Work is neat, accurate and completed timely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Comments:
8) Sets priorities and uses time effectively; concentrates efforts on assigned tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments by employee (if desired):
9) Demonstrates initiative, works within scope of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10) Discusses and clarifies work assignments with supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I acknowledge that my supervisor and I have discussed this report. I understand my signature does not imply agreement with this report and that I may prepare a written response which will be attached to this evaluation and placed in my personnel file.
11) Demonstrates knowledge of job duties and methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12) Uses resources effectively: time, materials, telephone, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I request an appointment to discuss this performance evaluation report with the designated reviewing officer.
13) Maintains assigned work schedule; follows department procedures to the work place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<small>(Written response or a request for an appointment to discuss this report must be received by the Human Resources Department within ten (10) working days following the date of this report.)</small>
14) Grooming and attire are appropriate to the work place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15) Follows safety procedures and practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee Signature _____ Date _____
16) Effectively directs and supervises <small>(Applicable to supervisor personnel only)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supervisor Signature _____ Date _____

***NARRATIVE REQUIRED**