

Employee's Name	Department/Division	Supervisor's Name	Period Covered By This Appraisal

#### Instructions for Supervisors:

1. Review the employee's job description to ensure it accurately reflects the essential functions of the position.
2. Review County and team goals. Then, in conjunction with the employee, set 3-5 SMART goals that are in line with the County and team goals. Document each goal in the fields below.
3. Each quarter, meet with the employee to review progress on each goal. Summarize the conversation by inserting comments in each quarter's designated area.
4. At the end of the year, the performance appraisal process should be completed by assigning a final rating for the employee's overall job performance.
5. NOTE: A Performance Improvement Plan must be completed for any goal with a rating of Focus Needed or Unsatisfactory.

#### Appraisal Ratings

**5 Excellent:** Performance that exceeds expectations and is consistently outstanding.

**4 Impressive:** Performance that consistently fulfills the job requirements and exceeds expectations.

**3 Solid:** Performance that consistently fulfills the job requirements.

**2 Focus Needed:** Performance that does not consistently meet the job requirements.

**1 Unsatisfactory:** Performance that consistently fails to meet the job requirements.

Add Goal	Remove Goal		
Job Goal # 1	Weight	Rating	Score
Job Goal from the job description or agency/team goals: (Goal Statement)			
Measure of success: (describe what achieving this goal would look like)			
Q1			
Q2			
Q3			
Final			

General Job Duties	Weight	Rating	Score
(Statement of what these general job duties include - refer to the job description for those items not included in the job goals above)			
Measure of success: (describe what this success would look like)			
Q1			
Q2			
Q3			
Final			

Behavior Expectations	Weight	Rating	Score
(Statement of expected behaviors - refer to the county values)			
Q1			
Q2			
Q3			
Final			

	Weight	Rating	Score
Scoring Totals			
Overall Appraisal Score			

Development Goals
(Statement of goals that this employee may have for their career development)
Q1
Q2
Q3
Final

Comments: The space below can be used for additional comments. If employees wish they may submit additional comments to Human Resources within 15 calendar days of the annual appraisal.	
Supervisor Comments	Employee Comments

This employee has maintained all required occupational licenses, certifications, etc? ☐ Yes ☐ No ☐ N/A

Performance Appraisal Signatures			
<i>This performance appraisal was discussed with me.</i> Employee Signature _____ Date _____		<i>This appraisal is based on my best judgment.</i> Supervisor Signature _____ Date _____	
<div style="border: 1px solid black; height: 40px;"></div>		<div style="border: 1px solid black; height: 40px;"></div>	
<i>I concur with this appraisal.</i> Next Level of Supervision _____ Date _____		<i>I concur with this appraisal.</i> Department Head/ Elected Official _____ Date _____	
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*Employee signature indicates neither agreement nor disagreement with the appraisal, but it does indicate that I have reviewed the appraisal, and have discussed it with my supervisor. I understand that I may complete the Employee Comments sheets as part of this appraisal.*

**Please Note:** *If this is a probationary evaluation, please comment in the overall summary if the employee is passing the probationary period.*