



PERFORMANCE EVALUATION AND DEVELOPMENT FORM

EMPLOYEE NAME _____

JOB CLASSIFICATION _____

EVALUATION PERIOD JULY 1, _____ through JUNE 30, _____ OTHER _____

EVALUATION TYPE ANNUAL PROBATION SPECIAL

GENERAL EVALUATION CRITERIA

U = Unsatisfactory I = Improvement Needed S = Standard A = Above Standard N/A = Not Applicable

	U	I	S	A	N/A
COMMUNICATION					
ORAL					
WRITTEN					
KNOWLEDGE					
CITYWIDE POLICIES AND PROCEDURES					
DEPARTMENT POLICIES AND PROCEDURES					
JOB KNOWLEDGE/APPLICATION					
EXERCISE OF JUDGMENT					
WORK HABITS					
ATTENDANCE (Leave Management, Punctuality)					
EQUIPMENT CARE					
ADHERENCE TO SAFE WORKING PRACTICES					
PROFESSIONAL APPEARANCE					
WORK PRODUCT					
ORGANIZATION / NEATNESS					
THOROUGHNESS / FOLLOW THROUGH					
ACCURACY/ATTENTION TO DETAIL					
PRODUCTIVITY					
EFFECTIVE USE OF TIME / TIMELY COMPLETION OF TASKS					
INITIATIVE					
ENTHUSIASM FOR WORK					
SELF-INITIATED ACTIVITY/ SEEKS PERSONAL IMPROVEMENT					
WILLINGNESS TO ACCEPT SUGGESTIONS FOR WORK IMPROVEMENT					
ADAPTABILITY					
WILLINGNESS TO ACCEPT AND COMPLETE ASSIGNMENTS					
RELATIONSHIPS					
ABILITY TO WORK WITH STAFF					
ABILITY TO WORK WITH THE PUBLIC					
COMPOSURE					
SUPERVISORY (If applicable)					
DECISION MAKING					
ORGANIZATION/DELEGATION/SUPERVISION OF WORK ASSIGNMENTS					
EVALUATING EMPLOYEES					
TRAINING EMPLOYEES					
DEVELOPING EMPLOYEES					

Employee Signature _____ Date _____

PERFORMANCE EVALUATION AND DEVELOPMENT FORM (continued)

EMPLOYEE'S PRIMARY JOB RESPONSIBILITIES (List the employee's primary job responsibilities evaluated during this review period.)

PERFORMANCE EVALUATION (Describe the employee's overall performance in regards to their primary job responsibilities throughout the review period. If the employee is a *supervisor*, please also include comments on their supervisory responsibilities.)

ACHIEVEMENTS/ACCOLADES (What were the employee's key accomplishments over the past fiscal year?)

Employee Signature _____ Date _____

AREAS OF IMPROVEMENT (What areas could be improved upon? Outline the plan for addressing them.)

GOALS/INITIATIVES/TRAINING (Describe the goals for the upcoming year and how they relate to the department's initiatives. Outline the plan for accomplishing them, including any training classes needed.)

MISCELLANEOUS (Additional items not covered above can be added here.)

REVIEWERS

Evaluator Name _____ Evaluator Signature _____ Date _____

Reviewer Name _____ Reviewer Signature _____ Date _____

Department Head Name _____ Department Head Signature _____ Date _____

This performance evaluation and development form has been discussed with me and I have received a copy. I understand that I may respond in writing within 30 calendar days to any comments in this report. My comments shall be attached as part of this report.

Employee Signature _____ Date _____