

PERFORMANCE EVALUATION FORM

(Page 1 of 2)

Employee Name: _____ Date: _____

Position: _____ Department: _____

Date: _____ Supervisor: _____

GENERAL PERFORMANCE

Job Knowledge, Skills and Abilities:

Demonstrates the knowledge, skills and abilities necessary to perform work satisfactorily.

_____ Has and maintains exceptional knowledge, skills, and abilities to perform work.

_____ Has the basic knowledge, skills, and abilities to perform work satisfactorily.

_____ Does not have the basic knowledge, skills and abilities to perform work satisfactorily.

Comments: _____

Quality of Work: Demonstrates accuracy, attention to detail and effectiveness in quality of work.

_____ Work is consistently of excellent quality, accuracy, and detail.

_____ Work is usually accurate and thorough; work meets facility standards.

_____ Work is sometimes inaccurate or incomplete; fails to meet facility standards.

Comments: _____

Productivity: Employee performs work with efficiency, consistency and timeliness.

_____ Quickly completes work, often ahead of schedule; effectively prioritizes works; exceeds facility standards.

_____ Completes work on time, with consistency and efficiency; meets facility standards.

_____ Works slower than expected; work is of substandard consistency and timeliness.

Comments: _____

Reliability: The employee exhibits dependability and conscientiousness in performing work and in willingness to accept responsibilities.

_____ Extremely dependable; follows through promptly on all tasks; accepts responsibilities; exceeds job goals; show high level of initiative.

_____ Consistently dependable and conscientious; usually accepts responsibilities; meets facility standards.

_____ Sometimes is not dependable and conscientious in performing work; unwilling to accept responsibilities.

Comments: _____

Communication: The employee demonstrates the appropriate level of written and verbal communication skills necessary to satisfactorily perform the job.

_____ Has excellent communication skills; very effective in verbal and written interactions.

_____ Possesses the required communication skills, is effective in the position; meets standards.

_____ Communication skills impair work performance.

Comments: _____

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Work Relationships: The employee possesses the ability to maintain effective and productive working relationships with fellow employees, supervisors and the public.

_____ Exceeds facility standards; highly cooperative; works hard promoting a positive work relationships.

_____ Has a generally positive approach in assisting others; maintains effective working relationships; meets standards.

_____ Has trouble getting along with other employees, supervisors, and the public.

Comments: _____

Safety: Adheres to the facility rules and regulations to ensure safety standards are followed.

_____ Exceed facility standards for safety.

_____ Follows safety rules and meets facility standards.

_____ Fails to follow safety rules and regulations; falls below facility standards.

Comments: _____

Job Performance Standards:

Below Standard: Job performance generally falls below standards required for the position.

Meets Standards: Job performance satisfactorily meets the requirements for the position.

Exceeds Standards: Job performance consistently exceeds the standards for the position.

NDA: No Data Available: Employee has not worked consistently within the past 12 months -consistently defined as minimum one shift per week

_____ Exceeds Standards _____ Meets Standards _____ Below Standard _____ NDA

Overall Work Performance:

_____ Exceeds Standards _____ Meets Standards _____ Below Standard _____ NDA

Employee comments: Comments are encouraged weather agreeing, disagreeing or acknowledging the supervisor's evaluation. Attach additional information if needed.

Employee's signature: _____ Date: _____

NOTE: By signing this form, the employee acknowledges only that this evaluation was discussed and the employee has received a copy. The employee's signature does not signify agreement with the evaluation.

Supervisor's Signature: _____ Date: _____

Evaluator Name: _____ Date: _____