**CITY OF -EMPLOYEE PERFORMANCE EVALUATION** Page 1

Employee Name: Employee No.: Hire Date:

Job Title: Department/Division:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | F | or each category below, c | heck () the applicable | box. ABOVE |  |
| CATEGORY | UNSATISFACTORY | NEEDS IMPROVING | SATISFACTORY | SATISFACTORY | EXCEPTIONAL |
| JOB SKILL & KNOWLEDGE(Understands allwork duties, proce- dures, material) | Does not under- stand work duties; requires constant supervision. | Lacks knowledge or skill in some phases of work. | Has adequate knowledge and skill to perform most required tasks. | Understands all phases of work. | Mastery of duties, even most difficult assignments. |
| QUALITY OF WORK(Meets established standards, accura- cy, completeness) | Frequent errors, seldom accept- able; constant need to recheck. | Inclined to make mistakes; careless work often needs redoing. | Ordinarily accept- able; only average number of mistakes and rechecks. | Accurate work; seldom makes mistakes. | Exceptionally accurate and thor- ough; no rechecks or rework needed. |
| QUANTITY OF WORK(Productivity, skill, speed, volume ofacceptable work) | Output consistently low; requires improvement. | Does less than required; marginal amount of work output. | Output satisfies job requirements. | Exceeds require- ments; under- stands best meth- od for work output. | Exceptionally fast and accurate; consistently high output. |
| USE OF TIME(Works logically, efficiently) | Wastes time at every opportunity; abuses privileges. | Clock watcher; paces work; tends to waste time. | Sufficient use of work time and schedule. | On the job most of the time; usually uses work time to full advantage. | Loses no time starting up and works up to the last minute. |
| SAFETY PRACTICES(Practices safetyrules and regula- tions) | Continually ignores safety rules and practices. | Often fails to observe safety practices. | Accepts and observes safety rules and practices. | Accepts and ob- serves safety rules; often points out unsafe conditions. | Good safe worker; actively supports safety awareness. |
| ATTENDANCE & PUNCTUALITY(Showing up for work and on time) | Habitual absent and/or late. | Often absent and frequently late (or vise-versa) | Satisfactory attend- ance; occasionally absent or late. | Rarely absent or late. | Perfect Attendance. |
| NEATNESS AND HOUSEKEEPING(Neatness in work area; personal neat-ness) | Indifferent, messy work area; ignores and avoids cleaning up. | Disorganized most of the time; needs prompting to clean up. | Reasonably neat and organized. | Makes extra effort to keep neat and well organized. | Always present- able; good example for others. |
| DEPENDABILITY(Ability to meet re- quirements withminimum super- vision) | Unreliable; must have constant supervision. | Requires prompting; often careless and forgetful. | Steady worker; needs some supervision. | Gets job done; little or no follow up necessary. | Requires absolute minimum of super- vision; conscien- tious. |
| COOPERATION(Ability to work with employees and/or public) | Frequently causes unrest and friction with others; tactless. | Friction with others occurs more than should. | Gets along with people; normal amount of diplomacy and tact. | Promotes teamwork; offers to assist others. | Highly coopera- tive; strives to improve all rela- tionships. |
| INITIATIVE(Resourceful, willing to adapt, flexible) | Always waits for directions; never offers suggestions. | Slow to start; puts out very little effort. | Accepts responsi- bility when given; adapts well. | Works well when given responsibil- ity; quick to adapt. | Self-starter; ac- cepts and seeks any responsibility. |

ABOVE

|  |  |  |  |
| --- | --- | --- | --- |
| Grade/Class: | Anniversary Date: | Review Period: | to |

OVERALL RATING: UNSATISFACTORY NEEDS IMPROVING SATISFACTORY SATISFACTORY EXCEPTIONAL 1 2 3 4 5 6 7 8 9 10

(Circle above the one number that most accurately describes the overall performance of the employee on the job)

**PERFOMANCE EVALUATION**, Continued Page 2

Complete all of the following sections:

1. Accomplishments or new abilities demonstrated since last review

 \_

1. Specific areas of needed improvement

 \_

1. Recommendations for professional development (seminars, training, schooling, etc.)

 \_

1. Goals/objectives for next period

 \_

**Employee’s Comments**: \_

 \_

Discussed with individual on \_/ / Employee’s Signature

 Annual Probationary \_ Other

Follow-up requested/desired \_Yes No Follow-up Date / / \_

Evaluator’s Signature Date \_/ /

Distribution:

Original-Employee

Copy-Personnel