

**Evaluation Date:** \_\_\_\_\_

**Name of Employee:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Evaluation Period:** \_\_\_\_\_ to \_\_\_\_\_

**Name of Evaluator:** \_\_\_\_\_

**3 Points: Exceeds Expectations**

Performance Standards	Exceeds Expectations	Meets Expectations	Needs Improvement	Unsatisfactory
<b>I. Work Productivity Goals:</b>				
· Exhibits Initiative and works to improve system effectiveness.				
· Is well organized in daily work and demonstrates effective time management.				
· Meets all required deadlines and performs well under pressure situations.				

<b>II. Work Quality Goals:</b>				
· Work is of high quality with minimal errors.				
· Demonstrates good judgment and exhibits good problem solving skills.				
· Work area is clean and well organized.				
· Takes advantage of professional development opportunities and recommends areas for self-growth.				

Total Points	0	0	0	0
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Total Points	0	0	0	0
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Total Points	0	0	0	0
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<b>V. Work Behavior Goals:</b>				
· Uses available time to the maximum level; stays on regular work schedule.				
· Maintains good attendance record; does not use more than the annual allotment.				
· Follows all departmental policies and procedures; accepts and receives instructions from supervisor and completes tasks thoroughly.				
· Works well under pressure situations.				



EVALUATOR COMMENTS

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EMPLOYEE COMMENTS

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EMPLOYEE SIGNATURE

DATE

(Acknowledges receipt only)\*

EVALUATOR SIGNATURE

DATE

\*In signing this document, each of us is agreeing that we have met and discussed each area. As a supervisor, I have observed this employee and have talked about his/her work performance. We reviewed the focus points prior to the start of the year and had a mid-year conference.

- ☐ Employee – Place a check in this box if you agree with the evaluation and have no further comments
- ☐ Employee – Place a check in this box if you disagree and request an appeal. Please state the reason for your appeal in the spaces provided:

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