

COUNTY OF PASSAIC
EMPLOYEE PERFORMANCE APPRAISAL

PERFORMANCE APPRAISAL PERIOD: _____

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| Employee Name: | Reviewed By: |
| Department / Division: | Date of Review: |
| Job Title: | Years in Current Title: |
| Date of Hire: | If Probationary, Review Period: |

Attendance & Punctuality: Consider overall attendance to include use of excused leave time and adherence to County policies and schedules. Is the employee willing to be flexible with their schedule to meet the needs of the Department or service they provide, i.e. attend evening meetings?

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|---------------------------------|-------------------------------|--------------------------|---------------------------------------|
| Exceeds job expectations | Meets job expectations | Needs Improvement | Does not meet job expectations |
|---------------------------------|-------------------------------|--------------------------|---------------------------------------|

Quality of Work: Consider the accuracy and thoroughness of work product. Does the employee strive to make improvements in how they accomplish their work; do they show a commitment to maintaining a high standard in everything they do?

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|---------------------------------|-------------------------------|--------------------------|---------------------------------------|
| Exceeds job expectations | Meets job expectations | Needs Improvement | Does not meet job expectations |
|---------------------------------|-------------------------------|--------------------------|---------------------------------------|

Professional Demeanor: Consider how well the employee interacts and communicates, both verbally and in writing, with co-workers and public in the performance of job duties. How well does the employee interact with their supervisors and subordinates; can the employee manage conflict?

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| Exceeds job expectations | Meets job expectations | Needs Improvement | Does not meet job expectations |
|---------------------------------|-------------------------------|--------------------------|---------------------------------------|

Organizational Proficiency: Consider the employee's ability to prioritize and plan work and work-related activities. Does the employee align their planning with the goals of management; do they allocate their resources well/consider other worker's time in their plans; do they plan for contingencies?

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|---------------------------------|-------------------------------|--------------------------|---------------------------------------|
| Exceeds job expectations | Meets job expectations | Needs Improvement | Does not meet job expectations |
|---------------------------------|-------------------------------|--------------------------|---------------------------------------|

Leadership Skills: Consider the employee's ability to display initiative and willingness to accept new challenges. Do they set a good example for the employees to follow; do they support the County's policies and procedures; are they able to provide motivation, support and understanding to co-workers?

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|---------------------------------|-------------------------------|--------------------------|---------------------------------------|
| Exceeds job expectations | Meets job expectations | Needs Improvement | Does not meet job expectations |
|---------------------------------|-------------------------------|--------------------------|---------------------------------------|

Overall Evaluation and Supervisor Comments: All comments must support ratings above and give clear and appropriate examples, include necessary attachments and documentation to support any "Needs Improvement" ratings. Are there any other accomplishments and/or issues that do not fall within the aforementioned categories such as training attended and/or performed, special assignments/projects, etc.?

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|---------------------------------|-------------------------------|--------------------------|---------------------------------------|
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|---------------------------------|-------------------------------|--------------------------|---------------------------------------|

Supervisor Comments:

Professional Improvement Plan Needed (Y/N):

If Yes, is the PIP included and does employee understand the terms and criteria as to how they will be evaluated?

Employee's Comments (optional):

The signature affixed hereto means that I have reviewed the evaluation but does not indicate my approval or disapproval of the evaluation.

Employee Signature

Date

Supervisor's Signature

Date

Department Head Signature

Date