

Employee's Name:	Title:
Department:	Date of Appointment:
o 30-days	
o 60-days	
o 90-days	
o 6-months	
o 12-month/Annual	
Other (specify)	
Duration (per Title 4-A Civil Service)	
Appointed or Emergency appointment. The worki	served by an employee under Provisional, Temporary, Interim, ng test period shall begin on the date of Permanent appointment, per g test period shall be for a period of (3) three months of active service
·	ctional Police Officers, or Sheriff's Officers shall serve a (12) twelve iod for Sheriff's Officers and County Correctional Police Officers will training commission's academy.
Appraisal Reports (per Title 4-A Civil Service)	
The Department Head shall prepare an appraisal reat the conclusion of the working test period.	eport on the employee at the end of (2) two months and a final report
·	ers and Sheriff's Officers, the Department Head shall prepare an nths and a final report at the conclusion of the working test period at
<u>Instructions</u>	
	nce in relation to current job requirements. Circle the rating to nents in the space provided. Indicate N/A if not applicable. Do not not review to Human Resources.
<u>Definition of Performance Ratings</u>	
consistent basis.	ion requirements. Performance is of high quality and is achieved on a of performance. Meet minimum performance standards of the job.
HR Office use only. Date sent: Data En	

HR Director's Initials:



30-60-90 DAY PERFORMANCE EVALUATION- Supervisor Review

Job Performance Factor and Description	SUPE	RVISOR Rating and	Comment	Not Applicable
Accountability and Initiative Takes personal responsibility for the quality and timeliness of work and achieves results with little oversight. To account for one's own actions.	Exceptional	Successful	Unsatisfactory	NA
Job Knowledge Demonstrates acceptable knowledge and skills in performing the essential duties and functions of the position. Understands the purpose of the position and how it interacts with other positions. Regularly exhibits knowledge of department functions, unit operations, and department/County administrative policies.	Exceptional	Successful	Unsatisfactory	NA
Attention to Detail Diligently attends to details and pursues quality in accomplishing tasks. Performs task with care, few errors. Checks for accuracy	Exceptional	Successful	Unsatisfactory	NA
<u>Time Management</u> Manages own time, attendance, punctuality, priorities, and resources to achieve goals. Meets deadlines.	Exceptional	Successful	Unsatisfactory	NA
Ethics and Integrity Earns others' trust and respect through consistent honesty and professionalism in all interactions.	Exceptional	Successful	Unsatisfactory	NA
Tact Diplomatically handles challenging or tense interpersonal situations.	Exceptional	Successful	Unsatisfactory	NA
Listening Understands and learns from what others say. Gives speakers undivided attention and appears interested in the message.	Exceptional	Successful	Unsatisfactory	NA
Reading Comprehension Grasps the meaning of written information and applies it to work situations.	Exceptional	Successful	Unsatisfactory	NA
Speaking Conveys ideas and facts orally using language the audience will best understand.	Exceptional	Successful	Unsatisfactory	NA
Writing Conveys ideas and facts in writing using language the reader will best understand.	Exceptional	Successful	Unsatisfactory	NA
Building Relationships Builds and maintains customer satisfaction to all people with the services offered by the organization.	Exceptional	Successful	Unsatisfactory	NA
Influencing Others Influences others to be excited and committed to furthering the department's objectives. Overall Rating (Please check one box)	Exceptional	Successful	Unsatisfactory	NA
Employee successfully meets or exceeds requirements.	Employee fa	ils to meet job requ	uirements. \square	

Comments	
All ratings of "unsatisfactory" require comments: If applicable, also add what employee should improve upon for next evaluation.	
ioi next evaluation.	
Number of Absences:Number of days reported late:	
(Pertaining to the current working test period time frame only.)	
90 Day Recommendation (Check one box please)	
Retain	
Do Not Retain (Department Head signature required)	
30-60-90 DAY PERFORMANCE EVALUATION- Supervisor Review	

SIGNOFFS

Employee: 1) I have read and discussed this evaluation with my supervisor.				
Employee's Signature	_ Date			
Employee Print Name	_			
Supervisor's Signature	_ Date			
Supervisor Print Name	_			