

## EMPLOYEE PERFORMANCE EVALUATION

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Department \_\_\_\_\_ Department Head \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Period Covered \_\_\_\_\_

Category Codes:

**1 = UNACCEPTABLE**

**4 = EXCEEDS EXPECTATIONS**

**2 = NEEDS IMPROVEMENT**

**5 = OUTSTANDING**

**3 = SATISFACTORY**

Please mark the appropriate columns. Explanation required for categories marked "1" or "5". If a category does not apply, check the "Not Applicable" (N/A) column.

	1	2	3	4	5	N/A	Explanation
Attendance							
Punctuality							
Attitude							
Appropriate Attire							
Effective Working Relationships							
Job Knowledge							
Job Skills							
Planning and Organization							
Volume of Acceptable Work							
Quality of Work							
Judgment and Decisions							
Meets Deadlines							
Initiative							
Accepts Responsibility							
Accepts Direction							
Communication Skills							
Organization of Work Station							
Operation and Care of Equipment							
Safety Practices							
<b>FOR SUPERVISORY EMPLOYEES</b>							
Leadership							
Supervisory Control							
Productivity of Work Unit							
Scheduling and Coordination							
Training and Instruction							
<b>OVERALL EVALUATION</b>							

# EMPLOYEE PERFORMANCE EVALUATION

Supervisor's Comments

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\_\_\_\_\_  
Supervisor's Signature

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Date

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Employee's Comments

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\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

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Department Head's Comments

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\_\_\_\_\_  
Department Head's Signature

\_\_\_\_\_  
Date