

Employee Performance Review

Progress Review_____ or Annual Review_____

Person completing evaluation_____

Employee_____

Position of Employee_____

First Date of Employment_____ Date of Last Evaluation_____

Date Evaluation Completed by Employee_____

Supervisor_____

Date Evaluation Completed by Supervisor_____

Reviewed and Discussed on _____(date)

By _____ and _____

employee signature

supervisor signature

O: Outstanding-Consistent exceptional performance in all areas, accomplishments exceed position requirements

AA: Above Average-Results exceed most position requirements, high quality performance

A: Average-Competent and dependable level of performance that meets basic requirements of the position

NI: Needs Improvement-Performance does not consistently meet position requirements

U: Unsatisfactory-Performance is in need of immediate improvement

NA: Not Applicable

	O	AA	A	NI	U	NA
1. Problem Solving/Decision Making						
Shows good judgement						
Willing/able to make timely, fact based decisions						
Ability to work under pressure						
Asks appropriate questions						
Organized approach to assignments						

Comments: _____

2. Productivity

Quantity of work						
Quality of work						
Ability to follow and reach goals						
Completion of projects and reports						
Timeliness of completion of projects and reports						
Effective use of time						
Ability to focus on tasks at hand						
Ability to concentrate on position						

Comments: _____

3. Versatility

	O	AA	A	NI	U	NA
Willing to try new ideas						
Responsive to change						
Innovative						
Utilizes internal and external resources effectively						
Willing to accept responsibility						

Comments: _____

4. Job Knowledge

	O	AA	A	NI	U	NA
Level of knowledge in current position						
Keeps up with current and future trends and programs						
Continues education-informal and formal						
Has working knowledge of internal office happenings						
Understands equipment required to perform job						

Comments: _____

5. Planning

	O	AA	A	NI	U	NA
Anticipates upcoming events/potential problems						
Has contingency plans						
Understands and sets realistic goals						
Properly prioritizes goals						

Comments: _____

6. Attitude

	O	AA	A	NI	U	NA
Enthusiasm						
Cooperation/Teamwork						

Able to self motivate with little or no supervision						
Towards job						
Towards public						
Towards co-workers						
Towards committees						

Comments: _____

	O	AA	A	NI	U	NA
7. Communication						
Written						
Verbal						
Phone						
Ability to listen						
Media						
Internal-within office						
Body Language						

Comments: _____

	O	AA	A	NI	U	NA
8. Volunteers/Committees						
Ability to recruit						
Ability to coordinate						
Ability to motivate						
Ability to show recognition						

Comments: _____

	O	AA	A	NI	U	NA
9. Behavior Patterns						
Professional Appearance						
Neat and orderly work area						
Respectful of others, objective and non-judgmental						
Absenteeism/Tardiness						
Follows wishes/decisions of board						
Trustworthy and dependable						

Comments: _____

What could be done to improve the office environment? _____

What could be done to help you more effectively perform your job? _____ 5/28/2012

What is your strongest on the job asset? _____

What is one job related skill that you feel you need to improve upon? _____

What do you like the most about your job? _____

What do you like the least about your job? _____

What are your job related short term (within 12 months) goals? _____

What are your job related long term (within 3 years) goals? _____

Additional Comments: _____
