

**PERFORMANCE EVALUATION FORM**

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Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**GENERAL PERFORMANCE**

**Job Knowledge, Skills and Abilities:**

Demonstrates the knowledge, skills and abilities necessary to perform work satisfactorily.

\_\_\_\_\_ Has and maintains exceptional knowledge, skills, and abilities to perform work.

\_\_\_\_\_ Has the basic knowledge, skills, and abilities to perform work satisfactorily.

\_\_\_\_\_ Does not have the basic knowledge, skills and abilities to perform work satisfactorily.

Comments: \_\_\_\_\_

**Quality of Work:** Demonstrates accuracy, attention to detail and effectiveness in quality of work.

\_\_\_\_\_ Work is consistently of excellent quality, accuracy, and detail.

\_\_\_\_\_ Work is usually accurate and thorough; work meets facility standards.

\_\_\_\_\_ Work is sometimes inaccurate or incomplete; fails to meet facility standards.

Comments: \_\_\_\_\_

**Productivity:** Employee performs work with efficiency, consistency and timeliness.

\_\_\_\_\_ Quickly completes work, often ahead of schedule; effectively prioritizes works; exceeds facility standards.

\_\_\_\_\_ Completes work on time, with consistency and efficiency; meets facility standards.

\_\_\_\_\_ Works slower than expected; work is of substandard consistency and timeliness.

Comments: \_\_\_\_\_

**Reliability:** The employee exhibits dependability and conscientiousness in performing work and in willingness to accept responsibilities.

\_\_\_\_\_ Extremely dependable; follows through promptly on all tasks; accepts responsibilities; exceeds job goals; show high level of initiative.

\_\_\_\_\_ Consistently dependable and conscientious; usually accepts responsibilities; meets facility standards.

\_\_\_\_\_ Sometimes is not dependable and conscientious in performing work; unwilling to accept responsibilities.

Comments: \_\_\_\_\_

**Communication:** The employee demonstrates the appropriate level of written and verbal communication skills necessary to satisfactorily perform the job.

\_\_\_\_\_ Has excellent communication skills; very effective in verbal and written interactions.

\_\_\_\_\_ Possesses the required communication skills, is effective in the position; meets standards.

\_\_\_\_\_ Communication skills impair work performance.

Comments: \_\_\_\_\_

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**Work Relationships:** The employee possesses the ability to maintain effective and productive working relationships with fellow employees, supervisors and the public.

\_\_\_\_ Exceeds facility standards; highly cooperative; works hard promoting a positive work relationships.

\_\_\_\_ Has a generally positive approach in assisting others; maintains effective working relationships; meets standards.

\_\_\_\_ Has trouble getting along with other employees, supervisors, and the public.

Comments: \_\_\_\_\_

**Safety:** Adheres to the facility rules and regulations to ensure safety standards are followed.

\_\_\_\_ Exceed facility standards for safety.

\_\_\_\_ Follows safety rules and meets facility standards.

\_\_\_\_ Fails to follow safety rules and regulations; falls below facility standards.

Comments: \_\_\_\_\_

**Job Performance Standards:**

**Below Standard:** Job performance generally falls below standards required for the position.

**Meets Standards:** Job performance satisfactorily meets the requirements for the position.

**Exceeds Standards:** Job performance consistently exceeds the standards for the position.

**NDA: No Data Available:** Employee has not worked consistently within the past 12 months -consistently defined as minimum one shift per week

\_\_\_\_ Exceeds Standards \_\_\_\_ Meets Standards \_\_\_\_ Below Standard \_\_\_\_ NDA

**Overall Work Performance:**

\_\_\_\_ Exceeds Standards \_\_\_\_ Meets Standards \_\_\_\_ Below Standard \_\_\_\_ NDA

**Employee comments:** Comments are encouraged weather agreeing, disagreeing or acknowledging the supervisor's evaluation. Attach additional information if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: By signing this form, the employee acknowledges only that this evaluation was discussed and the employee has received a copy. The employee's signature does not signify agreement with the evaluation.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_ Date: \_\_\_\_\_