

Employee Performance Evaluation

Employee Name _____

Due Date for this Review _____

Department _____

Position _____ Grade Level _____

Supervisor _____

Received by Human Resources Department _____

EMPLOYEE PERFORMANCE EVALUATION

Part I

Key Result Area	Comments	<i>Unacceptable</i>	<i>Below Standards</i>	<i>Meets Standards</i>	<i>Significantly Above Standards</i>	<i>Outstanding</i>
<u>Teamwork Skills:</u> Attitude toward work duties and co-workers		Uncooperative, negative about job, company, and co-workers. Requires immediate improvement. Fails to help when asked. Criticizes company and its employees. <input type="checkbox"/>	Occasionally complains unconstructively; has varying difficulty with co-workers; reluctant. <input type="checkbox"/>	Works well with others and provides help when asked; agreeable and positive. <input type="checkbox"/>	Readily accepts extra work; very supportive of company and co-workers; flexible and eager. <input type="checkbox"/>	Activity seeks out additional work, sets an example for positive attitudes in others. <input type="checkbox"/>
<u>Versatility and Judgment:</u> Adaptability and decision-making		Requires instructions and assistance in routine work; proceeds incorrectly, avoids decision-making. Requires immediate improvement. <input type="checkbox"/>	Frequently requires help even when previously shown on all but the most routine tasks. <input type="checkbox"/>	Recognizes most problems, and can take appropriate action; some assistance asked for with non-routine tasks or judgments. <input type="checkbox"/>	Recognizes problems, and takes corrective action; knows procedures and needs minimal assistance. <input type="checkbox"/>	Seeks out ways of improving job and performance; is sought out by others for assistance with judgments. <input type="checkbox"/>
<u>Skill Level:</u> Understanding of the job		Task performance is unacceptable. Needs excessive monitoring. Requires immediate improvement. <input type="checkbox"/>	Most work is acceptable, does not yet understand all aspects of the job, but is willing to learn. <input type="checkbox"/>	Possesses sufficient skills to accomplish expected results. <input type="checkbox"/>	Full understanding of the job; can perform all tasks; provides assistance to co-workers. <input type="checkbox"/>	Demonstrates superior performance along with skills and training to expand the scope of the job. <input type="checkbox"/>
<u>Attendance Dependability:</u> Absenteeism and punctuality		Absenteeism and/or tardies are unacceptable. Requires immediate improvement. <input type="checkbox"/>	Absenteeism and/or tardiness are affecting overall performance; must be improved to standard. <input type="checkbox"/>	Consistently reports to and is prepared to work on time; uses accumulated time off with pay wisely; no unexcused absences or tardies. <input type="checkbox"/>		

Key Result Area	Comments	<i>Unacceptable</i>	<i>Below Standards</i>	<i>Meets Standards</i>	<i>Significantly Above Standards</i>	<i>Outstanding</i>
<u>Self-Motivation and Initiative:</u> Ability to produce results through own efforts		Exhibits minimal self-motivation, requires frequent prompting. Demonstrates a lack of personal initiative. Requires immediate improvement. <input type="checkbox"/>	Needs to further develop self-motivated approach to job assignments. Occasional but inconsistent personal initiative taken towards job performance. <input type="checkbox"/>	Self-motivated; takes responsibility for all job assignments. Looks for opportunity to improve personal and work area performance. <input type="checkbox"/>	Consistently demonstrates strong self-motivation and determination toward all duties and responsibilities. Holds self-accountable for performance. Recognized by peers and supervisory staff as an initiator of ideas/improvements. <input type="checkbox"/>	
<u>Productivity:</u> Output of work		Falls far short of standards for the review period. Requires immediate improvement. <input type="checkbox"/>	Somewhat below standards during this review period; needs additional training and reinforcement. <input type="checkbox"/>	Consistently meets standards, adds clear value and efficiency to the team. <input type="checkbox"/>	Exceeds standards, constant regard for productivity. <input type="checkbox"/>	Superior results are consistently achieved; sets an example to the rest of the team for productivity. <input type="checkbox"/>
<u>Quality of Work:</u> Accuracy and attention to detail		Work constantly needs correction; error rate far in excess of expectations. Requires immediate improvement. <input type="checkbox"/>	Additional attention to detail required; accuracy of work uneven and somewhat below standards. <input type="checkbox"/>	Performs all tasks with only periodic error, is able to make corrections and creates a minimal amount of re-work <input type="checkbox"/>	Accuracy and quality of work very high, seldom needs to correct work; high level of product quality awareness. <input type="checkbox"/>	
<u>Work Habits/Safety:</u> Use of time, condition of work		Work area is disorganized; does not take care of tools and disregards safety rules. <input type="checkbox"/>	Work area and tools are somewhat disorderly; sometimes takes a <input type="checkbox"/>	Maintains work area and tools; performs work in a safety conscious manner. <input type="checkbox"/>	Avoids any non-productive activity, regularly cleans work area and organizes tools; <input type="checkbox"/>	Excellent work habits, discourages nonproductive activity in others; Respects tools and <input type="checkbox"/>

Key Result Area	Comments	<i>Unacceptable</i>	<i>Below Standards</i>	<i>Meets Standards</i>	<i>Significantly Above Standards</i>	<i>Outstanding</i>
area and equipment; Safety awareness		Requires immediate improvement. <input type="checkbox"/>	careless approach towards safety. <input type="checkbox"/>	<input type="checkbox"/>	high concern for safety in our workplace. <input type="checkbox"/>	area, always works safely. <input type="checkbox"/>
<u>Company Cultural Values:</u> Ability to accomplish tasks through following values: Concern for Customer, Team Player, Forward Honesty, Hard Workers, Comfortable with Change		Employee has not exhibited belief in stated company cultural values. Does not apply value statement to accomplishment of task/goal. Requires immediate improvement. <input type="checkbox"/>	Exhibits understanding of values of company. Does not consistently apply values to work efforts. <input type="checkbox"/>	Work values consistently mesh with company values. Clear understanding and focus on values and accomplishment. <input type="checkbox"/>	Provides example for others, exhibits the ability to practice values and effectively accomplish goals through value statement attributes. <input type="checkbox"/>	Provides clear leadership with regard to belief in company cultural values. Not only "fits" into our "value system," but also provides consistent and visible proof of its importance to success. <input type="checkbox"/>

Part II - Goal Setting

What performance goals have the employee and the supervisor agreed to as a result of the discussion of factors previously listed.

Part III - Training And Development

Training agenda for next review period:

Part IV - Supervisor Signature

Supervisor

Date

Part V - Employee's Comments and Signature

My comments on this evaluation are:

Employee Signature

Date

NON-EXEMPT FIRST REVIEW PERIOD

Employee Name _____ Date _____

Job Title _____

Department / Location _____

SECTION 1

Review and discuss the position description for clarification of duties and responsibilities, and reconcile any misunderstandings.

Review Period: From _____ To _____

Exemplary, Full-Skilled	Competent/ Capable	Still Developing	Unacceptable *

1. **Job Knowledge:** Consider how well employee applied the required to achieve acceptable standards of performance.

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2. **Volume of Work Output:** Consider how well employee successfully completed assignments or projects within expected time limitations.

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3. **Accuracy of Work Output:** Consider how well employee consistently meets the expected quality standards with minimum of checking or correction.

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4. **Utilization of Time:** Consider how well employee organizes assignments and how consistently applies self to productive work.

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5. **Punctuality and Attendance:** If rated less than Generally Good, state actual number of days absent and tardy.

*** An unacceptable rating must be accompanied by a supplemental page that details the plan agreed to by the employee and supervisor to bring performance to an acceptable level.**

A. Employee's major strength:

B. Areas that need further development (list specific recommendations on how improvements can be achieved:

Appraised By:

Name	Signature	Title	Date
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Reviewed By:

Name	Signature	Title	Date
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I discussed this appraisal with the employee on _____
Date Initials

Employee Signature	Date
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SECTION 2

Employee's Comments: (Optional)

Any comments concerning this appraisal may be stated here.
Employee may make additional comments as appropriate.

SELF-APPRAISAL FORM

MAP

Mutual Action Plan

Employee's Name _____

Appraisal Date _____

This is your private form and not meant to be turned in. It is designed to help you think about your job, so you'll be ready to talk about it when you meet your supervisor. Write as much or as little as you wish. Please be prepared to discuss the items on this form. Your actual appraisal will take place when you and your supervisor discuss your past performance and plan for future achievements. Look at the following sections. They are meant to help you think about what is expected and how you are doing on the job.

PERFORMANCE

Are you getting assigned work done:

- On time
- Accurately
- Completely
- According to standards
- According to job description
- Within budget

POLICY

Are you following organizational policies such as:

- Attendance
- Punctuality
- Use of time
- Appearance
- Safety
- Departmental procedures and policies

PEOPLE

How well are you interacting with:

- Customers
- Vendors
- The public
- Other employees
- Supervisors
- Other departments

<p>STEP 1 THINGS DONE WELL</p> <p>Describe specific examples your best work:</p> <ul style="list-style-type: none"> ▪ Achievements ▪ Successes ▪ Contributions to your department 	
<p>STEP 2 THINGS TO DO EVEN BETTER</p> <p>Describe anything you would like to:</p> <ul style="list-style-type: none"> ▪ Improve ▪ Change ▪ Learn 	
<p>STEP 3 SELECT ONE THING</p> <p>Pick one or two things from Step 2 that you want to work on. Pick a priority. Describe what is now happening with the situation(s) and why you want to work on it (them).</p>	

<p>STEP 4 THE ACTION PLAN</p> <p>Describe what you plan to do to achieve the desired change or improvement:</p> <ul style="list-style-type: none"> ▪ What will you do? ▪ What is (are) your goal(s)? ▪ How will you do it? What are the steps, methods, or procedures you will take to achieve the goal(s)? ▪ What timelines need to be considered in reaching your goal(s)? List dates and deadlines. 	
<p>STEP 5 SUPERVISOR'S ACTION PLAN</p> <p>Suggest the actions you would like your supervisor to take that would help you achieve your goal(s). List dates and deadlines.</p>	
<p>STEP 6 IN SUMMARY</p> <p>Briefly describe your overall performance during this appraisal period.</p>	

Additional Comments: _____

- As part of our philosophy of accountability, all of us are expected to:
- Support the mission and objectives of the organization
 - Contribute by doing our jobs well
 - Work cooperatively and supportively
 - Share ideas, information, and feedback
 - Ask questions about our work roles when clarification is needed

SUPERVISORY APPRAISAL FORM

MAP

Mutual Action Plan

Employee's Name _____

Appraisal Date _____

Prior to your discussion, you will provide a similar form to the employee. He/she will fill it out based on knowledge and opinions held at the time. When that is done, the two of you will meet to discuss the year's performance. After a thorough discussion, you are to complete this form based on the agreements reached.

PERFORMANCE

Is the assigned work getting done:

- On time
- Accurately
- Completely
- According to Standards
- According to job description
- Within budget

POLICY

Are these and similar organizational policies being followed:

- Attendance
- Punctuality
- Use of time
- Appearance
- Safety
- Departmental procedures and policies

PEOPLE

How well is the employee interacting with:

- Customers
- Vendors
- The public
- Other employees
- Supervisors
- Other departments

<p>STEP 1 THINGS DONE WELL</p> <p>Describe specific examples of the employee's best work:</p> <ul style="list-style-type: none"> ▪ Achievements ▪ Successes ▪ Contributions to your department 	
<p>STEP 2 THINGS TO DO EVEN BETTER</p> <p>What might the employee undertake to:</p> <ul style="list-style-type: none"> ▪ Improve ▪ Change ▪ Learn 	
<p>STEP 3 SELECT ONE THING</p> <p>Pick one thing from Step 2. Pick a priority. Describe what is now happening with the situation and what the improvement would look like.</p>	

<p>STEP 4 THE ACTION PLAN</p> <p>Describe what the employee plans to do to achieve the desired change or improvement:</p> <ul style="list-style-type: none"> ▪ What is (are) his/her goal(s)? ▪ What will he/she do? ▪ What are the steps, methods, or procedures he/she will take to achieve the goal(s)? ▪ What timelines need to be considered in reaching his/her goal(s)? List dates and deadlines. 	
<p>STEP 5 SUPERVISOR'S ACTION PLAN</p> <p>Actions you will take that would help the employee to achieve goal(s) agreed upon. When will you do these things?</p>	
<p>STEP 6 IN SUMMARY</p> <p>Briefly describe the employee's overall performance during this appraisal period.</p>	

Additional Comments: _____

As part of our philosophy of accountability, all of us are expected to:

- Support the mission and objectives of the organization
- Contribute by doing our jobs well
- Work cooperatively and supportively
- Share ideas, information, and feedback
- Ask questions about our work roles when clarification is needed

EMPLOYEE REVIEW QUESTIONS

Name: _____

Appraisal Date: _____

Part of our review process is intended to help us do a better job of listening to each of our employees. We're especially interested in knowing the things you've done that make you feel proud of your job, and also in knowing how your company can do its job better. We say that because we believe our most important task is to help each of our employees realize his or her full potential.

<p>In the last six months, what have you accomplished? What challenges have you overcome? Where have your skills improved?</p>	
<p>What could you have done better? Here we're not as interested in mistakes as we are in preventing future problems or difficulties.</p>	
<p>In a general sense, what does management need to know to make your job easier?</p>	

<p>What would you like to accomplish in the next six months, and how can we help?</p>	
<p>Is there anything else you'd like to comment on?</p>	

Supervisor's comments: _____

Employee Signature

Supervisor Signature

Date

Date

ANNUAL REVIEW AND PLANNING (RAP) MEETING
Summary Discussion Sheet/Employee copy

Employee Name _____ Date _____

Job Title _____ Supervisor _____

This form is to be completed by the **employee** prior to the annual RAP meeting. This form, combined with the supervisor's version, is to form the basis for discussion. Both forms should be returned to the Human Resource Department after the discussion.

Guidelines for Rating:

1. **Unsatisfactory performance**
2. **Marginal performance**
3. **Developing – progress toward rating #4 is satisfactory**
4. **Competent/capable performance**
- 4+. **Essentially rating #4 with recognition that certain facets of the job or accomplishments during the year were worthy of note**
5. **Outstanding performance – serves as a model for others to follow**

Notes/Comments:

List the important tasks associated with your position in descending order.

Task _____
Estimate the percentage of time this task takes in an average week. _____ %
Rate the employee on how well he/she does. _____
What could the employee do differently to do this task even better? _____

Task _____
Estimate the percentage of time this task takes in an average week. _____ %
Rate the employee on how well he/she does. _____
What could the employee do differently to do this task even better? _____

Task _____

Estimate the percentage of time this task takes in an average week. _____ %

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Rate the employee on how well he/she does. _____

What could the employee do differently to do this task even better? _____

Task _____

Estimate the percentage of time this task takes in an average week. _____ %

Rate the employee on how well he/she does. _____

What could the employee do differently to do this task even better? _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

ANNUAL REVIEW AND PLANNING (RAP) MEETING
Summary Discussion Sheet/Supervisor copy

Employee Name _____ **Date** _____
Job Title _____ **Supervisor** _____

This form is to be completed by the **supervisor** prior to the annual RAP meeting. This form, combined with the employee's version is to form the basis for discussion. Both forms should be returned to the Human Resource Department after the discussion.

Guidelines for Rating:

1. **Unsatisfactory performance**
2. **Marginal performance**
3. **Developing – progress toward rating #4 is satisfactory**
4. **Competent/capable performance**
- 4+. **Essentially rating #4 with recognition that certain facets of the job or accomplishments during the year were worthy of note**
5. **Outstanding performance – serves as a model for others to follow**

Notes/Comments:

List the important tasks associated with the employee's position in descending order.

<p>1) Task _____</p> <p>Estimate the percentage of time this task takes in an average week. _____ %</p> <p>Rate the employee on how well he/she does. _____</p> <p><i>What could the employee do differently to do this task even better?</i> _____</p> <p>_____</p>
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<p>2) Task _____</p> <p>Estimate the percentage of time this task takes in an average week. _____ %</p> <p>Rate the employee on how well he/she does. _____</p> <p><i>What could the employee do differently to do this task even better?</i> _____</p> <p>_____</p>
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3) Task _____

Estimate the percentage of time this task takes in an average week. _____ %

Rate the employee on how well he/she does. _____

What could the employee do differently to do this task even better? _____

4) Task _____

Estimate the percentage of time this task takes in an average week. _____ %

Rate the employee on how well he/she does. _____

What could the employee do differently to do this task even better? _____

5) Task _____

Estimate the percentage of time this task takes in an average week. _____ %

Rate the employee on how well he/she does. _____

What could the employee do differently to do this task even better? _____

6) Task _____

Estimate the percentage of time this task takes in an average week. _____ %

Rate the employee on how well he/she does. _____

What could the employee do differently to do this task even better? _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____