



# PERFORMANCE APPRAISAL

Review Period: **July 1, 2015 to June 30, 2016**

REVIEW TYPE:    Annual Review    End of Probation Period    6 month    Other:

Employee Name: <i>(Print)</i>	Position Title:
Supervisor Name: <i>(Print)</i>	Department:

## PERFORMANCE REVIEW PROCEDURES:

- Supervisor is required to evaluate the employee's performance in each category and check (✓) the box which best reflects their performance as either "successful" or "needs improvement".
- Please return completed and signed performance review to the Human Resource office by **August 19, 2016**.

PERFORMANCE CATEGORIES	Successful	Needs Improvement
<b>CUSTOMER SERVICE:</b> When dealing with the public and co-workers, the employee listens to their needs, has a positive attitude, and is courteous, respectful and professional.		
<b>TEAMWORK:</b> Employee demonstrates the ability to get along well with co-workers and other departments by showing respect, communicating effectively, and being willing to help.		
<b>COMMUNICATION:</b> Written and oral communication should be presented in a respectful, factual, professional, effective and timely manner.		
<b>WORK STANDARDS:</b> Employee provides quality of work with a high standard of accuracy and productivity, acknowledges mistakes and learns from them and makes themselves available for extra duties, assignments, etc.		
<b>DEPENDABILITY:</b> Employee can be relied upon to complete assigned tasks and duties, follow a job through to completion, makes good use of time and meets deadlines on a consistent basis.		
<b>CAREER ENHANCEMENT:</b> Maintains up-to-date knowledge in job-related areas and is current on required certifications pertaining to the job.		
<b>TIME MANAGEMENT:</b> Employee is punctual, makes good use of time, manages their time without abuse of leave, and leave usage and break periods are not excessive and does not impact the employee's level of performance or burden co-workers or customers.		
<b>CONFIDENTIALITY:</b> Uses discretion and confidentiality in dealing with work related information of the County, public and department functions.		
<b>PROFESSIONALISM:</b> Employee shows loyalty, high ethical standards and professional behavior while at work and in the public; employee always presents a professional appearance.		
<b>POLICIES:</b> Knowledge of and willingness to follow all County and departmental policies, procedures and mission statements. Complies with safety standards and avoids preventable accidents.		
ONLY COMPLETE THIS SECTION IF EMPLOYEE IS A SUPERVISOR	Successful	Needs Improvement
<b>DEVELOPS OTHERS:</b> Provides timely, effective and positive feedback focused on the situation not the person; encourages continued growth and learning; provides training opportunities for employees.		
<b>EFFECTIVE SUPERVISOR PRACTICES:</b> Delegates responsibilities in a fair and equitable manner; verifies accuracy of employee reports, i.e., work reports, payroll, leave, overtime, travel, expenses, etc.		
<b>PROBLEM SOLVING:</b> Discusses problems and concerns honestly; fosters positive working relationships; helps others manage through change; resourceful in solving day-to-day challenges.		
<b>BUDGET MANAGEMENT (If applicable):</b> Shows ability to manage financial resources and stay within an approved budget.		

## SUPERVISOR COMMENTS ON EXEMPLARY PERFORMANCE

(Supervisor documents employee performance outside of normal job duties and above and beyond expectations of the job)

*(If additional space is required for employee comments, please include them on a separate piece of paper)*

## PERFORMANCE IMPROVEMENT PLAN (PIP) FOR NEEDS IMPROVEMENT CATEGORIES

(If employee receives a "Needs Improvement" in any category, a PIP will need to be documented in this section with further training assigned and a re-evaluation scheduled in 3 months)

*(If additional space is required for employee comments, please include them on a separate piece of paper)* RE-EVALUATION DATE: \_\_\_\_\_

## EMPLOYEE COMMENTS

(Employee may comment in agreement or disagreement with the review, offer suggestions for the department and/or specify department needs, etc.)

*(If additional space is required for employee comments, please include them on a separate piece of paper)*

## JOB DESCRIPTION REVIEW

Check if the current job description is accurate.

Check if changes have been made and submit changes to Human Resources.

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### APPROVALS:

This Performance Appraisal has been objectively completed by me based on my actual observations and applicable feedback regarding the employee.

This Employee Appraisal has been discussed with me and I have received a copy.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### I Concur with this Performance Enhancement Review:

\_\_\_\_\_  
Elected Official/Department Manager Signature  
(Optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resource Director Signature

\_\_\_\_\_  
Date

Original: Human Resources

Copy: Supervisor

Copy: Employee