**EMPLOYEE PERFORMANCE EVALUATION**

**Employee Name: Title/Department:**

**Employee #: Supervisor Name/Title:**

**Evaluation Type:** [ ] **Annual** [ ] **Probationary/Work-Test** [ ] **Targeting** [ ] **Other**

**Performance Rating Definitions**

**1 – Needs Improvement:** Performance fails to meet the minimum performance standards of the position.

**2 – Successful:** Performance meets the standards of the position.

**3 – Exceptional:** Performance is significantly above the performance standards of the position.

**A. MAJOR JOB RESPONSIBILITIES:** List the responsibility, rate the performance level, and provide comments

 to support your ratings. *\*NOTE: A rating of 1 or 3 must be documented.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Responsibility | 1 | 2 | 3 | Comments |
| 1.  |  |  |  |   |
| 2.  |  |  |  |  |
| 3.  |  |  |  |  |
| 4.  |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |

**B. CORE COMPETENCIES:** Mark a rating indicating how well the employee displays the competency and provide comments to

 support your ratings. *\*NOTE: A rating of 1 or 3 must be documented.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Competency  | 1 | 2 | 3 | Comments |
| 1. Adaptability/Flexibility: Displays willingness and ability to adjust to change in assignments, schedule, rules, and procedures in a timely manner.  |  |  |  |   |
| 2. Communications: Receives and relays information in a clear, accurate and respectful manner. Conveys information effectively through verbal and written means. |  |  |  |  |
| 3. Customer Relations: Displays a positive, cooperative, and respectful approach when interacting with customers and focuses on meeting customer needs and gaining results.  |  |  |  |  |
| 4. Dependability: Takes personal responsibility for the quality and timeliness of work, and achieves results with little oversight.  |  |  |  |  |
| 5. Initiative: Demonstrates appropriate independent action, self-application, self-improvement, and innovation to achieve results and to address gaps and issues with supervisory guidance. |  |  |  |  |
| 6. Teamwork/Peer Relations: Displays a positive, cooperative, and respectful approach when interacting with other employees. Demonstrates ability to work effectively in a team to achieve results. |  |  |  |  |

**C. EXPECTED WORK BEHAVIORS:** Mark the appropriate rating and provide comments if needed. Comments must be

 provided for a rating of Unacceptable.

|  |  |  |  |
| --- | --- | --- | --- |
| Behavior | Acceptable | Unacceptable | Comments |
| 1. Attendance |  |  |  |
| 2. Compliance with Rules |  |  |  |
| 3. Observance of Work Hours  |  |  |  |

*\*A rating of Unacceptable for any of the above items constitutes an overall unsatisfactory rating for this section and* ***requires*** *the following:*

[ ]  Documentation of specific problem(s) and corrective and/or disciplinary actions taken.

[ ]  Authorization of next level manager. Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Authorization of departmental/Metro Human Resources office. Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. GOAL ACHIEVEMENT: (This section should be completed only if you used the Performance Plan form to set goals at the**

 **beginning of the rating period. This is intended for developmental purposes and is not calculated as a part of the performance**

 **rating.)** Indicate whether or not the employee achieved their performance and developmental goals for the year. Provide

 comments if needed.

|  |  |  |  |
| --- | --- | --- | --- |
| Goal | Successful | Ongoing | Comments |
| 1.  |  |  |  |
| 2.  |  |  |  |
| 3.  |  |  |  |
| 4.  |  |  |  |
| 5.  |  |  |  |

**ADDITIONAL COMMENTS:**

|  |
| --- |
|  |

**PERFORMANCE RATINGS:** Calculate the average of each section and list in the designated area. The Overall rating is the average of the Section A and B ratings.

Section A \_\_\_\_\_ Section B \_\_\_\_\_ **Overall \_\_\_\_\_**

**This form acknowledges that my supervisor and I met and discussed this performance evaluation. My signature does not imply that I agree with these evaluation results.**

Employee’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s/Rater’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director’s Signature *(optional)* Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_