



EMPLOYEE PERFORMANCE REPORT

Employee Name: Click here to enter text. Position Title: Click here to enter text.

Department: Click here to enter text. Supervisor: Click here to enter text.

Evaluation Period: From Click here to enter a date. To Click here to enter a date.
Month/Year Month/Year

Probationary Evaluation: First <input type="checkbox"/> Second <input type="checkbox"/>	<input type="checkbox"/> Bi-Annual Evaluation Due by April 30	<input type="checkbox"/> Additional Evaluation
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This is designed to provide employees with information concerning job performance and personal development, and supply supervisors with a tool to assist in the objective appraisal of performance and characteristics and to identify and address development needs.

PERFORMANCE RATING INSTRUCTIONS
 5 – Exceptional performance with little or no room for improvement.
 4 – Exceeds competent performance
 3 – Competent performance
 2 – Less than competent performance, room for improvement clearly exists
 1 – Significantly less than competent performance, major improvement required
 N/A – No opportunity to observe and/or not pertinent to current duties and responsibilities. Enter for each category below; the number which best describes the employee’s performance.
**If a 2 or 1 rating is given, specific recommendations for improvement must be provided by the evaluator.*

MEASURES OF PERFORMANCE

MEASURE	RATING	COMMENTS
<i>Knowledge of Work:</i> Understanding of duties and procedures – job knowledge	Click here to enter text.	Click here to enter text.
<i>Work Quantity:</i> Amount of work performed	Click here to enter text.	Click here to enter text.
<i>Work Quality:</i> Accuracy, neatness, thoroughness	Click here to enter text.	Click here to enter text.

Continued

MEASURE	RATING	COMMENTS
<i>Work Planning:</i> Ability to layout or plan work, carry through and complete	Click here to enter text.	Click here to enter text.
<i>Attendance:</i> Punctual, observe work hours and rest periods	Click here to enter text.	Click here to enter text.
<i>Cooperation:</i> Willing and able to work effectively with others	Click here to enter text.	Click here to enter text.
<i>Dependability:</i> Can be relied upon consistently	Click here to enter text.	Click here to enter text.

OTHER:

Describe

Click here to enter text.

OTHER:

Describe

Click here to enter text.

OTHER:

Describe

Click here to enter text.

SUMMARY (Short Summary Statement Required):

Provide an overall assessment of the employee's performance during the evaluation period, and specify major strengths and areas needing improvement.

Click here to enter text.

EMPLOYEE DEVELOPMENT: CURRENT POSITION

DEVELOPMENT AREA	DEVELOPMENT ACTIVITY	SCHEDULED DATE
Indicate the result or characteristic area(s) needing improvement for current job responsibilities.	Indicate training, special assignments, project, job rotation, etc.	
Click here to enter text.	Click here to enter text.	Click here to enter a date.

EMPLOYEE DEVELOPMENT: CAREER ADVANCEMENT

DEVELOPMENT AREA	DEVELOPMENT ACTIVITY
Indicate the result or characteristic area(s) needing improvement for enhancing opportunities for career development.	Indicate training, special assignments, project, job rotation, etc.
Click here to enter text.	Click here to enter text.

COMMENTS BY EMPLOYEE (If desired):

Click here to enter text.

My signature verifies that I have seen and discussed this report of performance with my supervisor, but it does not necessarily mean that I agree with the rating. I understand that I have the right to file a written response to this evaluation to be included in my personnel file within five (5) working days of the date of this report.

EMPLOYEE'S SIGNATURE _____ DATE _____

MANAGER'S SIGNATURE _____ DATE _____

OFFICE OF HUMAN RESOURCES _____ DATE _____