



PERFORMANCE APPRAISAL

Review Period: _____ to _____

REVIEW TYPE: Annual Review End of Probation Period Other: _____

Employee Name:	Position Title:
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Supervisor Name:	Department:
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PERFORMANCE REVIEW PROCEDURES:

- Supervisors are required to evaluate the employee’s performance in each category and check the box which best reflects their performance as either “Exceeds Standards,” “Meets Standards,” or “Needs Improvement.”

PERFORMANCE CATEGORIES	Exceeds Standards	Meets Standards	Needs Improvement
JOB KNOWLEDGE: Employee is well informed and has good working knowledge required to perform their job effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CUSTOMER SERVICE: When dealing with the public and co-workers, employee listens to their needs, has a positive attitude, and is courteous, respectful, and professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEAMWORK: Employee demonstrates the ability to get along well with co-workers and other departments by showing respect, communicating effectively, and being willing to help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION: Written and oral communication is presented in a respectful, factual, professional, effective, and timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK STANDARDS: Employee provides quality work with a high standard of accuracy and productivity, acknowledges mistakes and learns from them, and makes themselves available for extra duties, assignments, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDABILITY: 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DECISION MAKING: Employee can be relied upon to exercise good judgment while making sound, logical decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TIME MANAGEMENT: Employee is punctual, makes good use of time, manages their time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONALISM: Employee shows loyalty, high ethical standards, and professional behavior while at work and in public; employee always presents a professional appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLICIES: Knowledge of and willingness to follow all City and departmental policies and procedures. Complies with safety standards and avoids preventable accidents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONLY COMPLETE THIS SECTION IF EMPLOYEE IS A SUPERVISOR	Exceeds Standards	Meets Standards	Needs Improvement
DEVELOPS OTHERS: Provides timely, effective, and positive feedback focused on the situation, not the person; encourages continued growth and learning; provides training opportunities for employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFFECTIVE SUPERVISOR PRACTICES: Delegates responsibilities in a fair and equitable manner; verifies the accuracy of employee reports, i.e., work reports, payroll, leave, overtime, travel, expenses, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROBLEM-SOLVING: Discusses problems and concerns honestly; fosters positive working relationships; helps others manage through change; resourceful in solving day-to-day challenges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUDGET MANAGEMENT: Shows ability to manage financial resources and stay within an approved budget.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISOR COMMENTS/GOALS FOR EMPLOYEES PERFORMANCE

[Empty box for supervisor comments and goals]

PERFORMANCE IMPROVEMENT PLAN (PIP) FOR NEEDS IMPROVEMENT CATEGORIES

(If an 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 three (3) months)

[Empty box for Performance Improvement Plan details]

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

RE-EVALUATION DATE: _____

APPROVALS:

I have objectively completed this Performance Appraisal 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

Original: Human Resources

Copy: Supervisor

Copy: Employee