



Employee Name:	Evaluation Period: From: To:	Probationary Employee First Second Final
Classification:	Dept.:	Regular Employee Temp Annual Additional

RATINGS KEY: (See "Overall Rating" on Page 2 for further explanation)

O = Outstanding **E** = Exceeds Expectations **M** = Meets Expectations **B** = Below Expectations **U** = Unacceptable **N/A** = Not Applicable

See Ratings Key	EMPLOYEE DIMENSIONS	Part I. EMPLOYEE & WORK DIMENSIONS NARRATIVE: Address items on Dimension Checklist at left. Use attachment if necessary.
	Attendance (M, B, or U Only)	
	Work Hour Compliance (M, B, or U Only)	
	Judgment	
	Safety/Health Compliance	
	Adaptability	
	Initiative	
	Acceptance of Responsibility	
	WORK DIMENSIONS	Part II. GOAL-BASED PERFORMANCE REVIEW (See Ratings Key) List major goals and objectives of prior evaluations, meetings and discussions
	Quantity of Work	Goal #1:
	Quality of Work	Rating: Provide comments below:
	Accuracy	
	Reliability (Timeliness)	
	Policy/Procedure Compliance	
	Organization	
	Response to Supervision	
	Working Relationships	
	Written Communication	Goal #2:
	Oral Communication	Rating: Provide comments below:
	FOR LEAD WORKERS ONLY	
	Leadership	
	Training/Orientation	
	Safety & Health	
	Delegation of Work	Goal #3:
	Employee Relations	Rating: Provide comments below:
	FOR PROBATIONARY EMPLOYEES ONLY	
	Job Knowledge Level	
	Job Ability Level	
	Job Skills Level	

PERFORMANCE EVALUATION – Teamsters and Confidential Staff

Part III. OVERALL RATING: Summary evaluation based on Parts I. & II.

Outstanding: Total performance is far above normal standards for the position.

Exceeds Expectations: Consistently competent performance exceeding normal standards in all critical factors for the position.

Meets Expectation: Meets all normal requirements of the position in a competent manner.

Below Expectation: Total performance periodically or regularly falls short of expectations.

Unacceptable: Performance is clearly inadequate. Employee has demonstrated an inability or unwillingness to improve or meet expectations. Performance is not acceptable for position held.

Part IV. PLANNING & DEVELOPMENT:

A. Goals and objectives for the next evaluation period.

Provide specific actions to be taken to improve areas identified as needing strengthening in Parts I. & II.

Goal/objective #1

Goal/objective #2

Goal/objective #3

B. Job enrichment. If applicable, include additional training recommended. (Indicate preferred time line.)

Part V. EMPLOYEE COMMENTS (Optional, add additional pages if desired):

Part VI. RECOMMENDATION FOR REGULAR APPOINTMENT (Required for Evaluations during the last quarter of Probation):

I recommend:

Regular appointment

Release from Probation

Part VII. SIGNATURES

Appropriate Administrator: _____ Date: _____
(Signature indicates review by the Administrator prior to final evaluation discussion with employee)

Administrator's Name: _____

Evaluator/Supervisor: _____ Date: _____

Evaluator's Name: _____

Employee: _____ Date: _____

I certify this Performance Planning & Evaluation has been discussed with me. My signature does not indicate that I agree with this Evaluation, but that discussion has occurred with regard to this Evaluation.