

**INSTRUCTIONS:** This form is used exclusively to evaluate employees in classified, professional or supervisory positions.

EMPLOYEE INFORMATION			
Name: Last	First	M.I.	Employee ID Number
Classification		Status	Period Covered
Classification		Status	From: To:
Department	Division	Unit	Prob. End Date (If applicable)
Reason For Review			
☐ Merit Raise ☐ Status Cha		Other (Explain)	
RATERS: It is understood that the importanterms of performance in each cat			
1. ACHIEVEMENT OF OBJECTIVES: Include	s productivity of the unit (the qua	antity and quality of outpu	t) and accomplishing unit goals.
RATING: 1. Unsatisfactory 2. Need	ds Improvement 3.☐ Satisfa	ctory 4. ☐ Above Sati	sfactory 5.   Outstanding
EXPLAIN REASON FOR RATING:			
2. DECISION MAKING AND JUDGMENT: Incassessing and establishing priorities, an			
RATING: 1. Unsatisfactory 2. Need	ds Improvement 3. Satisfa	ctory 4. Above Sati	sfactory 5.   Outstanding
EXPLAIN REASON FOR RATING:			

REVISED 6/9/2010 1



3. PERSONNEL DEVELOPMENT recommending training and/	<ul> <li>Includes orienting new emp or developmental programs (ii</li> </ul>			
RATING: 1. Unsatisfactory	2. Needs Improvement	3. ☐ Satisfactory	4. ☐ Above Satisfactory	5. Outstanding
EXPLAIN REASON FOR RATING:				
4. PLANNING AND ORGANIZING	3: Includes designing realistic	short and long range	e plans: optimizing time, pers	onnel, equipment, and
material resources; clearly d	efining responsibility and auth	ority; and developing	standards for the work unit.	
RATING: 1. ☐ Unsatisfactory  EXPLAIN REASON FOR RATING:	2. Needs Improvement	3. ☐ Satisfactory	4. ☐ Above Satisfactory	5. Outstanding
5. INTERPERSONAL SKILLS:		tion and toomwork: f	potoring unit morelo: working	agaparativaly with the
public, peers, and subordina	tes; and accepting advice and	d counseling from sup	periors.	. ,
RATING: 1. Unsatisfactory	2. Needs Improvement	3. ☐ Satisfactory	4. ☐ Above Satisfactory	5. Outstanding
EXPLAIN REASON FOR RATING:				

REVISED 6/9/2010 2



6. COMMUNICATIONS: Include:	s preparing clear and concise	reports and correspor	ndence; and making effective	oral presentations.
RATING: 1. Unsatisfactory	2. Needs Improvement	<ol><li>Satisfactory</li></ol>	<ol> <li>Above Satisfactory</li> </ol>	5.  Outstanding
EXPLAIN REASON FOR RATING:				
7 ADMINISTRATIVE DOLLOV AN	ID DOGGDUDG, lasted as and	and a discount in the		-i-tti O-d
7. ADMINISTRATIVE POLICY AN	ID PROCEDURE: Includes und occedures; complying with Per			
regulations; adhering to affir	mative action guidelines; and t			
investigation and recommen				
RATING: 1. Unsatisfactory	2. Needs Improvement	3. ☐ Satisfactory	4. ☐ Above Satisfactory	5.  Outstanding
EXPLAIN REASON FOR RATING:				
8. Additional Factors: May	include special skills, knowled	dge, and abilities; spe	ecial job requirements or temp	porary assignments.
Definition of Factor:				
RATING: 1. Unsatisfactory	2. Needs Improvement	3. ☐ Satisfactory	4. ☐ Above Satisfactory	5. Outstanding
EXPLAIN REASON FOR RATING:				

REVISED 6/9/2010 3



RATER'S OVERALL EVALUAT	ION (This score is obtained by getting the average of all ratings)
1. Unsatisfactory:	Performance is inadequate and must be corrected
2. NEEDS IMPROVEMENT:	Performance does not fully meet requirements as indicated below.
3. SATISFACTORY:	Employee is performing as required and expected in an entirely satisfactory manner.
4. ABOVE SATISFACTORY:	Performance surpasses job requirements.
5. Outstanding:	Consistently conspicuous, distinguished performance. Employee displays initiative and creativity. Employee has substantially enhanced departmental efficiency and/or effectiveness.
Check one of the following if the	ne employee is eligible for a Merit Increase:  Granted  Deferred, re-evaluate in months.
If an employee is eligible for pe	ermanent status, please check one of the following:
Granted	Denied months with employee's written permission (attached)
IN WHAT WAVE CAN OP MUST	(Note: Probationary Period may not extend beyond one year)  THE EMPLOYEE IMPROVE REPEORMANCE?
IN WHAT WAYS CAN OR MUST	THE EMPLOYEE IMPROVE PERFORMANCE?
	my observations, knowledge of employee's performance and review of applicable information. It of the employee's performance.
represents my best judgment of	of the employee's performance.
Rater's Signature:  Print Name: REVIEWER: I have received thi	Date:  Title: s report and discussed it with the rater. It represents an accurate appraisal of the employee's
Rater's Signature:  Print Name: REVIEWER: I have received thi	Date: Title:
Rater's Signature:  Print Name: REVIEWER: I have received thi	Date:  Title: s report and discussed it with the rater. It represents an accurate appraisal of the employee's
Rater's Signature:  Print Name:  REVIEWER: I have received this performance in accordance with the performance with the performance in accordance with the performance with the performa	Date:  Title: s report and discussed it with the rater. It represents an accurate appraisal of the employee's th Administrative Order. I concur in the recommendation, if any, as to merit raise or permanent status.
Rater's Signature:  Print Name: REVIEWER: I have received this performance in accordance wis Reviewer's Signature:  Print Name: Employee: I acknowledge that	Date:  Title: s report and discussed it with the rater. It represents an accurate appraisal of the employee's th Administrative Order. I concur in the recommendation, if any, as to merit raise or permanent status.  Date:
represents my best judgment of Rater's Signature:  Print Name: REVIEWER: I have received this performance in accordance with Reviewer's Signature:  Print Name: Employee: I acknowledge that In signing this evaluation, I do	Date:  Title: s report and discussed it with the rater. It represents an accurate appraisal of the employee's th Administrative Order. I concur in the recommendation, if any, as to merit raise or permanent status.  Date:  Title: at I have received a copy of this evaluation. I have had an opportunity to discuss it with my supervisor.
Rater's Signature:  Print Name: Reviewer: I have received this performance in accordance with Reviewer's Signature:  Print Name: Employee: I acknowledge that In signing this evaluation, I do sheet of paper or below.	Date:  Title: s report and discussed it with the rater. It represents an accurate appraisal of the employee's th Administrative Order. I concur in the recommendation, if any, as to merit raise or permanent status.  Date:  Title: at I have received a copy of this evaluation. I have had an opportunity to discuss it with my supervisor.
Rater's Signature:  Print Name: Reviewer: I have received this performance in accordance with Reviewer's Signature:  Print Name: Employee: I acknowledge that In signing this evaluation, I do sheet of paper or below.	Date:  Title: s report and discussed it with the rater. It represents an accurate appraisal of the employee's th Administrative Order. I concur in the recommendation, if any, as to merit raise or permanent status.  Date:  Title: at I have received a copy of this evaluation. I have had an opportunity to discuss it with my supervisor.
Rater's Signature:  Print Name: Reviewer: I have received this performance in accordance with Reviewer's Signature:  Print Name: Employee: I acknowledge that In signing this evaluation, I do sheet of paper or below.	Date:  Title: s report and discussed it with the rater. It represents an accurate appraisal of the employee's th Administrative Order. I concur in the recommendation, if any, as to merit raise or permanent status.  Date:  Title: at I have received a copy of this evaluation. I have had an opportunity to discuss it with my supervisor.
Rater's Signature:  Print Name: Reviewer: I have received this performance in accordance with Reviewer's Signature:  Print Name: Employee: I acknowledge that In signing this evaluation, I do sheet of paper or below.	Date:  Title: s report and discussed it with the rater. It represents an accurate appraisal of the employee's th Administrative Order. I concur in the recommendation, if any, as to merit raise or permanent status.  Date:  Title: at I have received a copy of this evaluation. I have had an opportunity to discuss it with my supervisor.
Rater's Signature:  Print Name: Reviewer: I have received this performance in accordance with Reviewer's Signature:  Print Name: Employee: I acknowledge that In signing this evaluation, I do sheet of paper or below.	Date:  Title: s report and discussed it with the rater. It represents an accurate appraisal of the employee's th Administrative Order. I concur in the recommendation, if any, as to merit raise or permanent status.  Date:  Title: at I have received a copy of this evaluation. I have had an opportunity to discuss it with my supervisor.
Rater's Signature:  Print Name: Reviewer: I have received this performance in accordance with Reviewer's Signature:  Print Name: Employee: I acknowledge that In signing this evaluation, I do sheet of paper or below.	Date:  Title: s report and discussed it with the rater. It represents an accurate appraisal of the employee's th Administrative Order. I concur in the recommendation, if any, as to merit raise or permanent status.  Date:  Title: at I have received a copy of this evaluation. I have had an opportunity to discuss it with my supervisor.

REVISED 6/9/2010