



Employee Evaluation

Employee: _____ Department: _____ Position: _____

Supervisor: _____ Evaluation Period: ☐ Annual ☐ Probation ☐ Other

This form must be returned to the Human Resources Department by **October 5 of the current year**. Failure to submit evaluations timely may result in the employee not receiving a step increase, should they be approved for the fiscal year.

INSTRUCTIONS: This evaluation form must be completed by the immediate supervisor based on performance standards previously established.	EXCEEDS STANDARDS <i>Performance which is <u>significantly above</u> the performance standards of the position.</i>	MEETS STANDARDS <i>Performance which fully meets the performance standards of the position.</i>	BELOW STANDARDS <i>Performance which <u>fails to meet</u> the performance standards of the position.</i>
1. Goal: Due: Performance Measure: Objective(s): Completed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. Goal: Due: Performance Measure: Objective(s): Completed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. Goal: Due: Performance Measure: Objective(s): Completed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Did the employee accomplish the majority of their goals as linked to the department's strategic plan? Yes <input type="checkbox"/> No <input type="checkbox"/>			
TRAINING: Did the employee report and achieve the mandated training and the minimum _____ hours of professional development activities/training as required by the department by September 1? Completed: _____ hours of training (<i>Verify hours in training manager</i>) Discrimination/Sexual Harassment: Yes <input type="checkbox"/> No <input type="checkbox"/> Ethics: Yes <input type="checkbox"/> No <input type="checkbox"/>			
PRODUCTIVITY: Consider the employee's ability to prioritize and organize work effectively to meet assigned deadlines. Were assignments timely completed and appropriate follow-up implemented? Is the employee a self-starter?			
QUALITY OF WORK: Consider if the employee produces a high quality work product. Is quality work a priority for the employee?			

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ATTENDANCE: Attendance and punctuality are very important in maintaining a productive work load and efficient schedule. Consider if employee's attendance is acceptable. (If utilizing recommended matrix) Verify the employee's, non-protected sick leave, and utilize the following matrix: Exceeds Standards: 0 to 24 hours Meets Standards: 24.01 to 40 hours Below Standards: 40.01+ hours			
RELATIONS WITH OTHERS: Consider the employee's ability to maintain a positive and harmonious attitude in the work environment. How well does the employee relate to the supervisors, co-workers, and the broader County community?			
COMMITMENT TO SAFETY: To what extent has the employee adhered to the recommended safe work practices, participated in safety training programs; and contributes to the recognition and control of hazard in his/her work area?			
SUPERVISORY ABILITY: (applicable only to designated supervisor positions) Consider the employee's ability to organize, plan, train, motivate, delegate, and control the work of subordinates in an effective manner. To what extent does the supervisor lead strategic initiatives of the department?			
OVERALL APPRAISAL RATING: Consider the amount of checks in each category. The category with the most areas checked, should be the overall appraisal rating for the employee. DO NOT Total the number of checks in each section.	Choose <u>ONE</u> Overall Rating		

BELOW STANDARDS EVALUATION

Performance that is below standards is unacceptable. Employees will not receive step increases after receiving a "Below Standards" evaluation.

Corrective action must be initiated anytime an employee receives an evaluation that is below standards, if action has not already been taken. Departments should work with the HR department regarding any corrective action measures needed.

STEP INCREASES

To receive a step increase, when budgeted countywide, an employee must have achieved an overall Exceeds or Meets Standards rating in the majority of the categories above.

☐ Step Increase to be awarded

☐ Step Increase NOT to be awarded

RATER'S OVERALL COMMENTS *(Use attachments, if necessary): Comments are highly encouraged for all appraisal's but are REQUIRED for each area where an Exceeds Standards or Below Standards rating is given AND if an overall rating of Exceeds Standards or Below Standards rating is given.*

Next year's Goals (utilize this area to establish the goals for the next fiscal year and carry over to the coaching sessions):

1. Goal:
Due:
Performance Measure:
Objective(s):
2. Goal:
Due:
Performance Measure:
Objective(s):
3. Goal:
Due:
Performance Measure:
Objective(s):

EMPLOYEE'S COMMENTS *(Use attachments, if necessary):*

EMPLOYEE'S SIGNATURE: _____ **DATE:** _____

Signature does not imply concurrence with rater's evaluation, only that the evaluation was administered.

RATER'S NAME: _____ **RATER'S TITLE:** _____

PLEASE PRINT

RATER'S SIGNATURE: _____ **DATE:** _____

The department head's signature must be obtained prior to administering to the employee.

DH/EO NAME: _____

PLEASE PRINT

DH/EO SIGNATURE: _____ **DATE:** _____

For HR use only:

Reviewed by: _____ Entered: _____ Step Increase: _____