



**Job Performance Evaluation**

Employee Name: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_

Position Title: \_\_\_\_\_  
 Date of Report: \_\_\_\_\_  
 Date of Last Report: \_\_\_\_\_

**Directions:** Please indicate the appropriate level of performance for each of the following categories. For each rating please cite specific examples at the end of the form, and also cite recommendations and improvements.

Categories:	Scale:				
	Unsatisfactory	Below Expectation	Meets Expectation	Above Expectation	Outstanding
<b>1. Initiative:</b> Acts independently in new as well as in everyday situations; understands what needs to be done and does it without being told.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Output:</b> The actual work output of the employee - relative to the standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Quality:</b> Freedom from errors and mistakes, accuracy, and general quality of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Effort:</b> Earnest and conscientious attempt to complete assigned responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Dependability:</b> The degree to which the employee is reliable, trustworthy, and consistent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Job Knowledge:</b> Knowledge of techniques, processes, procedures, services, equipment, and material required to do the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Interpersonal Skills:</b> Effectiveness in accomplishing tasks by working with others (e.g. peers, supervisors, and customers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Supervisory Skills:</b> If applicable; effectiveness in planning, organizing, executing and delegating the work of subordinates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Organizational Skills:</b> Effectiveness in organizing, planning, time management, scheduling, coordinating resources and meeting deadlines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Categories:	Scale:				
	Unsatisfactory	Below Expectation	Meets Expectation	Above Expectation	Outstanding
<b>10. Flexibility:</b> Effectiveness in adapting to changes in work responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Attendance/Punctuality:</b> Consider number of absences, time of work arrivals and departures, use of annual, and sick leave in accordance with company policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Communication Skills:</b> Ability to communicate thoughts and ideas effectively to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. Team Work:</b> Effectiveness in completing tasks in conjunction with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. Commitment to Individuals:</b> Dedication in assisting individuals in achieving their goals and looking after their well being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor Comments/Assessment of Prior Year Improvement Objectives/Next Year Performance Objectives (By Above Categories):

1. \_\_\_\_\_  
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2. \_\_\_\_\_  
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3. \_\_\_\_\_  
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9. \_\_\_\_\_  
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10. \_\_\_\_\_  
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Supervisor Comments/Assessment of Prior Year Improvement Objectives/Next Year Performance Objectives (By Above Categories):

11. \_\_\_\_\_  
\_\_\_\_\_

12. \_\_\_\_\_  
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13. \_\_\_\_\_  
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14. \_\_\_\_\_  
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Performance Goals for Next Year and Additional Comments (If additional space is needed, attach sheet with employee's name, date of report):

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Comments (To Be Completed By Employee According to Categories Above):

1. \_\_\_\_\_  
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2. \_\_\_\_\_  
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3. \_\_\_\_\_  
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4. \_\_\_\_\_  
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8. \_\_\_\_\_  
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9. \_\_\_\_\_  
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10. \_\_\_\_\_  
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Comments (To Be Completed By Employee According to Categories Above):

11. \_\_\_\_\_  
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12. \_\_\_\_\_  
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13. \_\_\_\_\_  
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14. \_\_\_\_\_  
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Additional Comments (If additional space is required, attach sheet with employee's name and date of report):

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Employee's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_