

PERFORMANCE EVALUATION
AFSCME DEPARTMENT STAFF

Employee Name: _____

Job Title: _____

Review Period Start: _____ Review Period End: _____

Last Review Date: _____

Reviewer Name & Title: _____

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1. **Job Knowledge**: This factor measures knowledge of the duties and responsibilities of the job. This factor concerns such elements as knowledge of daily work requirements, operating procedures, laws, paperwork involved in the performance of tasks, or other related jobs or tasks performed. *(Should correlate to the Essential Functions of the Job Description)*

Exceptional _____ Highly Satisfactory _____
Satisfactory _____ Unsatisfactory _____

2. **Quality/Quantity of Work**: This factor measures accuracy, attention to job procedures, attention detail, work product, reliability, productivity, and timeliness and completeness of tasks.

Exceptional _____ Highly Satisfactory _____
Satisfactory _____ Unsatisfactory _____

3. **Interactions**: This factor measures the employee's ability to interact professionally and civilly with peers, supervisors, other employees residents and individuals engaged in business with the Town.

Exceptional _____ Highly Satisfactory _____
Satisfactory _____ Unsatisfactory _____

4. **Judgment**: This factor measures an employee's ability to make consistent and reliable decisions in dealing with circumstances and situations that he/she faces.

Exceptional _____ Highly Satisfactory _____
Satisfactory _____ Unsatisfactory _____

5. **Initiative**: This factor measures the employee's resourcefulness and proactive approach to performing his/her duties. It references whether the employee needs to be led or prodded to take action.

Exceptional _____ Highly Satisfactory _____
Satisfactory _____ Unsatisfactory _____

6. **Attendance & Punctuality**: This factor measures the regularity and punctuality with which an employee reports for work. It concerns unscheduled absences and lateness, including frequency, total time lost, and patterns of absences suggesting abuse.

Exceptional _____ Highly Satisfactory _____
Satisfactory _____ Unsatisfactory _____

7. **Other/Goals**: This factor will measure other areas that are applicable to the employee's performance. This area generally addresses an employee's success in achieving there stated goals for the period.

Exceptional _____ Highly Satisfactory _____
Satisfactory _____ Unsatisfactory _____

8. **Overall**: This factor will measure the employee's overall performance. This area generally addresses an employee's success in achieving there stated goals for the period.

Exceptional _____ Highly Satisfactory _____
Satisfactory _____ Unsatisfactory _____

Goals, Training, and/or Areas for Improvement:

(All Supervisors are strongly encouraged to establish at least 3 goals for each employee for the upcoming year)

Employee Comments (attach additional sheet if necessary):

Employee Acknowledgment: I have reviewed this document and discussed the contents with my supervisor. My signature means that I have been advised of my performance status but does not necessarily imply that I agree with the evaluation.

Employee Signature

Date

Reviewer Signature

Date

Department Head Signature (If different than Reviewer)

Date