

AFSCME 2

PERFORMANCE EVALUATION FORM

Non-Professional, Non-Administrative Employees

Name: _____ Position: _____

Type of evaluation: Mid-year Annual Supplemental

Period covered: from: _____ to: _____

Date of meeting with supervisor and employee: _____

Overall Performance: Outstanding Highly Satisfactory Satisfactory Marginal
 Unsatisfactory

90 Day Improved Performance Plan Required Recommended

Other recommendations: _____

EMPLOYEE COMMENTS:

Supervisor's signature

Date

Employee's signature

Date

Personnel Board's signature

Date

Human Resources Director's signature

Date

Step Increase Authorized

Ratings: **O**- Outstanding; **H**-Highly Satisfactory; **S**- Satisfactory; **M**-Marginal; **U**-Unsatisfactory

1. **QUANTITY/TIMELINESS OF WORK:** The amount of general output received in a timely fashion. Rating _____

2. **QUALITY OF WORK:** Degree of accuracy, lack of errors and overall excellence of output.

Rating _____

3. **JOB KNOWLEDGE:** Understanding of duties and role within the department. Skills and knowledge in performing assigned tasks.

Rating _____

4. **DEPENDABILITY:** Reliability and persistence in following through with assignments on schedule following accepted policies and procedures.

Rating _____

5. **INITIATIVE:** Degree and willingness to put forth an effort in starting an activity contribute to new ideas or seeking self-improvement.

Rating _____

6. **ATTITUDE:** Professional manner and courtesy, outlook on the job and environment, accept and benefit from constructive criticism as well as customer service.

Rating _____

7. **COOPERATION:** Ability to work with other effectively, willingness to vary work schedule/assignments as needed.

Rating _____

SUMMARY OF STRENGTHS:

GOALS FOR UPCOMING REVIEW PERIOD:

6/30/03