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PERFORMANCE APPRAISAL

Review Period Covered:

Date of Review: _____

From: ____ / ____ / ____ To: ____ / ____ / ____
Month/Day/Year Month/Day/Year

Review Type: ☐ 90 Day ☐ Annual/Semi-Annual ☐ Other (Specify) _____

Employee Name: _____

Title: _____ Department: _____

Length of Time in Position: _____ Status: ☐ Full Time ☐ Part Time ☐ Seasonal
☐ Hourly ☐ Salaried

Reviewer Name: _____

Title: _____ Department: _____

PERFORMANCE AND GOAL SETTING

1. Evaluate the employee's performance against the responsibilities detailed in the position description.

2. Evaluate the employee's progress toward the goals set for this review period.

3. Goals to be accomplished during the next review period.

RATING OF PERFORMANCE CHARACTERISTICS

C **COMMENDABLE:** Consistently exceeds job requirements.

V **VERY GOOD:** Often exceeds job requirements.

G **GOOD:** Consistently meets job requirements and performance standards of job.

NI **NEEDS IMPROVEMENT:** Does not meet job standards for important requirements; needs to acquire additional knowledge and/or skill to perform some job elements.

JOB KNOWLEDGE:

Comprehends all aspects of position--techniques, skills, equipment, procedures, and materials; understands department's and company's goals, departmental functions.

C ☐ _____
V ☐ _____
G ☐ _____
NI ☐ _____

QUALITY/RELIABILITY/PRODUCTIVITY:

Completes work accurately and thoroughly. Dependable in meeting responsibilities and following up to be certain that desired results are achieved. Maximizes the use of time and produces high quality, consistent output.

C ☐ _____
V ☐ _____
G ☐ _____
NI ☐ _____

SERVICE/INTERPERSONAL SKILLS:

Provides timely and responsive service to customers (the public and Behnke staff) in a courteous and friendly manner. Works in harmony with others and willingly accepts assignments.

C	<input type="checkbox"/>	_____
V	<input type="checkbox"/>	_____
G	<input type="checkbox"/>	_____
NI	<input type="checkbox"/>	_____

INITIATIVE:

Seeks out and accepts responsibilities willingly; takes appropriate action when necessary without waiting for direction.

C	<input type="checkbox"/>	_____
V	<input type="checkbox"/>	_____
G	<input type="checkbox"/>	_____
NI	<input type="checkbox"/>	_____

ADAPTABILITY:

Accepts change and integrates constructive feedback. Learns new duties with ease.

C	<input type="checkbox"/>	_____
V	<input type="checkbox"/>	_____
G	<input type="checkbox"/>	_____
NI	<input type="checkbox"/>	_____

ORGANIZATION:

Plans work and accomplishes job responsibilities and work assignments. Maintains a systematic (neat and clean) work environment.

C	<input type="checkbox"/>	_____
V	<input type="checkbox"/>	_____
G	<input type="checkbox"/>	_____
NI	<input type="checkbox"/>	_____

To Be Rated Satisfactory or Unsatisfactory:**Satisfactory****Unsatisfactory****ADHERENCE TO COMPANY POLICIES:**

Adheres to company policies and procedures, both written and oral.

☐☐**ATTENDANCE**

Comes to work as scheduled

☐☐**PUNCTUALITY/AVAILABILITY**

Arrives at work on time; observes all lunch and break periods; meets required hours

☐☐**SAFETY**

Gives appropriate thought and care in carrying out work to prevent harm or damage to self, others, equipment and facilities.

☐☐

OVERALL RATING: ☐ **COMMENDABLE** ☐ **VERY GOOD** ☐ **GOOD** ☐ **NEEDS IMPROVEMENT**

Employee's Comments (please attach additional sheets of paper if necessary): _____

Employee Signature:* _____ Date: _____

Reviewer Signature: _____ Date: _____

Management Review: _____ Date: _____

* I have reviewed this evaluation and discussed it with my supervisor. My signature will not be construed to mean either agreement or disagreement with the evaluation but rather acknowledgement that the evaluation has been seen and discussed with me. I understand that I have the right to include my own comments on this evaluation.

Attachments: ☐ Employee Activity Report ☐ Managerial Performance Appraisal ☐ Supplemental Pages ☐ None