

Your Logo Here

# 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 **r**V **r**G **r**NI **r****INITIATIVE:**

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

C **r**V **r**G **r**NI **r****ADAPTABILITY :**

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

C **r**V **r**G **r**NI **r****ORGANIZATION:**

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

C **r**V **r**G **r**NI **r****To Be Rated Satisfactory or Unsatisfactory:****Satisfactory****Unsatisfactory****ADHERENCE TO COMPANY POLICIES :**

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

**r****r****ATTENDANCE**

Comes to work as scheduled

**r****r****PUNCTUALITY /AVAILABILITY**

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

**r****r****SAFETY**

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

**r****r**

**OVERALL RATING:** **r** **COMMENDABLE** **r** **VERY GOOD** **r** **GOOD** **r** **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: **r** Employee Activity Report **r** Managerial Performance Appraisal **r** Supplemental Pages **r** None