## JEFFERSON COUNTY EMPLOYEEE PROBATIONARY EVALUATION

Employee Name:	Department:		
Position:	Last Review Date:		
Evaluation Reason: (Check 1) 3 months 6 months 9 months 12 months			
This Evaluation Review Date:			
Rating Scale: 1- Does not meet Standards 2- Needs In	mprovement 3- Meets Standards 4- Exceeds Standards		
Attendance and Punctuality (observance of work hours	s, tardiness, etc)		
Safety (Demonstrating ability to perform duties in a safe manner, encouraging others to work safe)			
Job Knowledge and Skills Performing Tasks (develops, knows, uses and maintains skills in performing job)			
Quality of Work (consider degree of accuracy, neatness & thoroughness of work in meeting standards)			
Dependability (consider acceptance of responsibility and level of confidence of employee)			
Ability to follow directions, supervision and instruction			
Employee contacts (effectiveness in dealing with other employees, self-control, courteousness and tactfulness)			
Public contacts (effectiveness in dealing with the public)			
Operation and care of equipment			
Effectiveness under stress			
Initiative			
Compliance with policies, procedures & rules			
Planning, organizing and work judgment			
Grooming and Dress			
Productivity (consider amount of work completed, whether on time or not, makes efficient use of time)			
(For every area marked "Does not meet Standards", written comments are necessary to explain the rating.) IF 3 OR MORE AREAS ARE MARKED "Does not meet Standards" A 60 DAY WORK PLAN IS REQUIRED (circumstances may dictate a different length of time)			
FOR EMPLOYEES WHO SUPERVISE OTHERS  Planning and Organizing Scheduling and Coordinating Training & Instructing Productivity			
	Leadership Operational Economy		
Supervisory Control Other:	Other: Other:		

Job Strengths & Performance Incidents:

Progress achieved since last performance	e review:		
Specific Goals or Improvement Programs	:		
001415150			
COMMENTS:			
•	SUMMARY EVALUATION: Chec	k Overall Performance:	
Does not meet standard	Needs improvement	Meets standard	Exceeds standards
REVIEWER/SUPERVISOR:	Signature	Title	
DEPARTMENT DIRECTOR:	Signature	Title	
	J.g. Mario	The	24.0
EMPLOYEE: I certify that this Performan	ce Review has been discussed with m	e. I understand my signature does	not necessarily indicate
agreement.			
Signature	Title		Date