

JEFFERSON COUNTY EMPLOYEE PERFORMANCE REVIEW

Employee Name: _____ Department: _____
Position: _____ Last Review Date: _____
Evaluation Reason: (Check 1) ___ Probationary ___ 6 month ___ 9 month ___ Annual ___ Special
This Evaluation Review Date: _____

Rating Scale: 1: Does not meet Standards 2: Needs Improvement 3: Meets Standards 4: Exceeds Standards

- ___ Attendance and Punctuality (observance of work hours, 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
- ___ Evaluating Subordinates ___ Judgments & Decisions ___ Leadership ___ Operational Economy
- ___ Supervisory Control ___ Other: _____ ___ Other: _____ ___ Other: _____

Job Strengths & Performance Incidents:

Progress achieved since last performance review:

Specific Goals or Improvement Programs:

COMMENTS:

SUMMARY EVALUATION: Check Overall Performance:

Does not meet standard Needs Improvement Meets standards Exceeds standards

REVIEWER/SUPERVISOR: _____
Signature Title Date

DEPARTMENT DIRECTOR: _____
Signature Title Date

EMPLOYEE: I certify that this Performance Review has been discussed with me. I understand my signature does not necessarily indicate agreement.

Signature Title Date