

Carter County
PERSONNEL PERFORMANCE REVIEW FORM

Evaluation Period

From _____

Through _____

Name _____ E # _____

Job Title _____ Dept/Index _____

Position No. _____ Date Hired _____

Instructions: Evaluate the employee on the job now being performed. Check (X) the box above the descriptions which most nearly express your overall judgment on each quality. Comments, including recommendations for improvement, MUST accompany each category. The care and accuracy with which this appraisal is made will determine its value to you, the employee, and the County.

Consider the employee's performance since the last appraisal and show by a circle whether he/she has improved, remained consistent, or regressed in each of the qualities listed to the left.

| <i>Knowledge of Work</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
|--|--------------------------------------|---|---|-----------------------------------|---|---|
| Consider knowledge of job gained through experience, general education and specialized training. | Well informed on all phases of work. | Well rounded job knowledge. Infrequently requires assistance. | Adequate grasp of essentials. Some assistance required. | Requires considerable assistance. | Inadequate knowledge. Requires improvement to retain. | Has Improved Maintains Consistency Has Regressed |

COMMENTS:

| <i>Quantity of Work</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
|--|---|--------------------------|--------------------------|--------------------------|--|---|
| Consider the volume of work produced under normal conditions regardless of errors. | Rapid worker. Produces exceptionally high volume. | Above average volume. | Average volume. | Volume below average. | Inadequate volume. Requires improvement to retain. | Has Improved Maintains Consistency Has Regressed |

COMMENTS:

| <i>Quality of Work</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
|---|---|---|---|--|---|---|
| Consider neatness, accuracy, and dependability of results regardless of volume. | Exceptional quality. Practically no mistakes. | Above average quality. Infrequent errors or rejections. | Acceptable, seldom necessary to check work. | Often unacceptable, frequent errors or rejections. | Excessive errors or rejections. Requires improvement to retain. | Has Improved Maintains Consistency Has Regressed |

COMMENTS:

| | | | | | | |
|--|--|--|---|--|---|---|
| <i>Initiative</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has Improved Maintains Consistency Has Regressed |
| Consider contribution of new ideas and methods. Self-starter. Works independently toward approved goals. | Consistently and aggressively works toward approved goals. | Frequently sets and works toward approved goals. | Initiates activity within normal routine. | Seldom initiates activity during normal routine. | Needs frequent direction. Requires improvement to retain. | |

COMMENTS:

| | | | | | | |
|---|--|--|---|--|---|---|
| <i>Dependability/ Responsibility</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has Improved Maintains Consistency Has Regressed |
| Consider the degree to which he/she can be relied upon to carry out duties. | Consistently fulfills all job responsibilities and duties. Totally reliable. | Can be depended upon to get the job done with little or no follow up. Very reliable. | Assumes all responsibilities specifically assigned. Reliable. | Accepts some responsibilities, but must be reminded. | Fails to accept responsibility even when specifically assigned. Requires improvement to retain. | |

COMMENTS:

| | | | | | | |
|--|---|--|--|---|---|---|
| <i>Quality of Interpersonal Relationships</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has Improved Maintains Consistency Has Regressed |
| Consider the degree to which employee interacts and works harmoniously with the public, co-workers, and staff. | Use of exceptional tact and diplomacy. Cooperation and promotion of teamwork. | Cooperates well with others. Frequently promotes teamwork and harmony. | Adequate skills at promoting teamwork and harmony. | Has difficulty interacting with people. | Frequent conflicts with others. Requires improvement to retain. | |

COMMENTS:

| | | | | | | |
|--|---|--|---|---|---|---|
| <i>Attendance</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has Improved Maintains Consistency Has Regressed |
| Consider appropriate request and use of leave. | Consistently regular in attendance. Adjusts schedule to work needs. | Regular in attendance. Frequently considers work load when requesting leave. | Generally present. Usually considers work load when requesting leave. | Frequent absences. Impacts job performance. | Excessive absences. Requires improvement to retain. | |

COMMENTS:

| | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--|--|------------------------------|
| Punctuality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has Improved |
| Consider prompt attendance with regards to employee's responsibilities. | Consistently prompt. | Regularly prompt. | Seldom tardy. | Frequent tardiness. Impacts job performance. | Excessive tardiness. Requires improvement to retain. | Maintains Consistency |
| | | | | | | Has Regressed |

COMMENTS:

(To be completed for individuals with supervisory responsibility only. Includes supervising other support employees and students.)

| | | | | | | |
|--|---|----------------------------------|---------------------------------|------------------------------------|---|------------------------------|
| Supervisory Abilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has Improved |
| Consider supervisory ability including commitment to Affirmative Action. | Exceptional ability to lead and team build. | Exhibits good leadership skills. | Adequate supervisory abilities. | Has difficulty supervising others. | Inadequate ability to supervise. Requires improvement to maintain current supervisory responsibilities. | Maintains Consistency |
| | | | | | | Has Regressed |

COMMENTS:

EMPLOYEE IS BUILDING COORDINATOR/ASSISTANT COORDINATOR? Yes No
Coordinator/Assistant Coordinator of _____ Building. Attended annual training? Yes No
Employee has fulfilled responsibilities as outlined in the Emergency Preparedness Plan with regard to: Injuries, spills and accidents; facility management; security; maintenance and repairs? Yes No
COMMENTS: _____

A. SUPERVISOR COMMENTS: Based on the appraisal you have made, please answer the following questions in your own words. Use additional paper if necessary.

1. In what ways has employee contributed to the County beyond normal requirements of position?

2. A. This employee is well suited for type of work he/she is now doing. YES NO
Please explain.

- B. Progress toward previously recommended steps for professional development or training:

- C. Recommendations for additional professional development or training:

3. What is your overall evaluation of employee?

- Excellent Above Average Average Poor Unsatisfactory
- Comments:

I have been employee's supervisor for _____ years and _____ months.

- B. EMPLOYEE COMMENTS:** I agree with the above evaluation and comments.
 I disagree with the above evaluation and comments for the following reasons:

Use additional paper if necessary.

Employee's request for professional or personal development or training:

Development or training sessions/classes completed during this evaluation period:

SIGNATURES

Signature of Employee _____ Date _____

Signature of Immediate Supervisor _____ Date _____

Reviewed By: _____ Date _____

