

Public Service Commission - Government of Yukon

Employee Performance Evaluation

H.E. MECHANIC FOREMEN, AUTOMOTIVE MECHANIC FOREMEN

Sent to Department _____ Received by P.S.C. _____

PROBATIONARY PERIODIC

A. GENERAL INFORMATION:

Name: _____ Position No.: _____
Class Title: _____ Initial Hire: _____
Location: _____ Anniversary Date: _____
Immediate Supervisors Name: _____ Present Rate: \$ _____ /per _____

Use the following coding to evaluate Sections B and C:

- 1. Above standard- consistently exceeds the standards of performance.
2. On Standard - consistently meets the standards of performance.
3. *Marginal - sometimes fails to meet the standards of performance.
4. *Below standard - consistently below the standard of performance.

* - If used, please explain in "AREAS FOR IMPROVEMENT"

B. BASIC JOB FUNCTIONS:

1) How well does the employee supervise: _____
(a) Explains work on assignment _____
(b) Checks work in progress _____
(c) Contr. economy of parts replacement _____
(d) Checks out completed work _____
(e) Follow up on repair problems _____
(f) Checks punctuality of employee _____
(g) Encourages continuing education _____
(h) Ensures safety practices _____
(l) Ensures cleanliness of work area _____
(j) Other (specify) _____
2) How well does the employee complete his paper work _____
(a) Raises descriptive Work Orders _____
(b) Completes Work Orders accurately and on time _____
(c) Daily time recording on Work Orders, Shop Overhead Cards & Attendance Records _____
3) How well does the employee plan and schedule work: _____
(a) Sets proper repair priorities _____
(b) Using Mechanics to best work advantage _____
(c) Planning of Parts Ordering _____
(d) Planning of vacation leave schedules _____

C. PERFORMANCE AND HABITS:

(a) Productivity: _____
(b) Quality of Work: _____
(c) Starts work on time: Yes _____ No _____
(d) Departs work on time: Yes _____ No _____
(e) Use of rights and privileges: (i.e. rest periods) _____
(f) Ability to get along with others:
Supervisor: _____
Fellow Employees: _____
General Public: _____

D. OVERALL RATING:

Considering the rating in B and C, is the employee performing his/her duties adequately? (please check)

Yes Marginal No

E. AREAS FOR IMPROVEMENT:

F. SUGGESTED METHODS FOR IMPROVEMENT:

G. EMPLOYEE STRENGTHS:

H. WHAT ADDITIONAL TRAINING HAS THE EMPLOYEE UNDERTAKEN IN THE PAST YEAR:

I. ACTION

- Appoint Permanently
- Release On: _____(Date)
- Extend Probationary Period For _____Months
- Further Review in _____Months

Immediate Supervisor
Date

The Action indicated above will be undertaken unless the employee is notified to the contrary.

J. EMPLOYEE CERTIFICATION:

I have read, discussed and agree with this Employee Performance Evaluation:

Employee Signature

Date

I have read, discussed and disagree with this Employee Performance Evaluation:

Employee Signature

Date

EMPLOYEE COMMENTS

K. REVIEWING OFFICER: Remarks:

Reviewing Officer (s)

Date

Send a copy to the employee marked "Confidential"

L. PUBLIC SERVICE COMMISSION:

Received, noted, and filed

Public Service Commission

Date