

**EMPLOYEE
PERFORMANCE EVALUATION**

Sent to Department _____
 Probationary Periodic Auxiliary

Received by P.S.C. _____
 Permanent Term

A. General Information:

Name:		Position No:	
Title:		Initial Hire:	
Location:	Type:	Anniv. Date:	
Sup's Name:		Rate:	Bi-Weekly

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 standards of performance.

B. Basic Job Functions:

Code

C. Performance and Habits:

- | | |
|--|---|
| <input type="checkbox"/> (a) Productivity: <input type="checkbox"/>
<input type="checkbox"/> (b) Quality of work: <input type="checkbox"/>
(c) Starts work on time: Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Departs work on time: Yes <input type="checkbox"/> No <input type="checkbox"/> | (e) Use of rights and privileges: (i.e. rest periods)
(f) Ability to get along with others:
Supervisor: <input type="checkbox"/> Fellow employees: <input type="checkbox"/>
General Public: <input type="checkbox"/> |
|--|---|

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:

(If more space is required, please use an additional sheet).

F. Suggested Methods for Improvement:

G. Employee Strengths:

H. Additional Training the Employee has undertaken in the Past Year:

I. **Action:** *The action indicated below will be undertaken unless the employee is notified to the contrary.*

- | | |
|---|--|
| <input type="checkbox"/> Confirm Appointment | <input type="checkbox"/> Extend Probationary Period For _____ Months _____ Hours |
| <input type="checkbox"/> Release On: _____ | <input type="checkbox"/> Further Review in _____ Months _____ Hours |
| <input type="checkbox"/> Grant Merit Increase | <input type="checkbox"/> Withhold Merit Increase |

Immediate Supervisor

Date

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:

Reviewing Officer

Date

Send a copy to the employee marked "Confidential"

K. **Public Service Commission:** Received, noted and filed

Public Service Commission

Date