

Employee Performance Evaluation
Welders

Date Sent to Department: _____ Date Received by PSC: _____

PROBATIONARY ___ PERIODIC ___ AUXILIARY ___ PERMANENT ___ TERM ___

A. GENERAL INFORMATION:

Name	Position No.
Class Title:	Initial Hire:
Location:	Anniversary Date:
Immediate Supervisor 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 standards of performance.

B. BASIC JOB FUNCTIONS

1.: How well does the employee *perform* the following equipment

- | | | | |
|--------------------------|-------|---------------------|-------|
| a) Layout of work | _____ | e) Assembly of work | _____ |
| b) Oxy-acetylene welding | _____ | f) Clean and buff | _____ |
| c) Arc welding | _____ | g) Other (specify) | _____ |
| d) Burning and cutting | _____ | | |

2. How well does employee *practice* the following:

- | | | | |
|------------------------------------|-------|------------------------------|-------|
| a) Job safety | _____ | e) Economic use of materials | _____ |
| b) Care of equipment and materials | _____ | f) Completes paper work | _____ |
| c) Cleanliness of work area | _____ | g) Knowledge of materials | _____ |
| d) Material Ordering | _____ | h) Other (specify) | _____ |

C. PERFORMANCE AND HABITS:

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

___ Appointment Permanently ___ Extend Probationary Period for ___ Months ___ Hours
___ Release On ___ d ___ m ___ yr ___ Further Review in ___ Months ___ Hours

Immediate Supervisor

Date

J. EMPLOYEE CERTIFICATION:

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

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

Employee Signature

Employee Signature

Date

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 _____