



CLASSIFIED EMPLOYEE PERFORMANCE APPRAISAL

Employee Last Name _____ Employee First Name _____ Current Job Title _____ Worksite _____

Employment Status: Provisional Continuing _____
 Supervisor _____

Is continuing status recommended? Yes No (for final provisional evaluation only)

For each competency applicable to this position, select the appropriate evaluative lane (satisfactory, needs improvement or not satisfactory). If a competency is not applicable to this position, you may leave it blank.	SATISFACTORY NEEDS IMPROVEMENT NOT SATISFACTORY	COMMENTS / DESCRIPTIONS / DETAILS
SECTION #1: QUALITY OF WORK PERFORMED		It is important that the supervisor provides the employee with performance feedback in the space below. This is an opportunity to recognize the employee's accomplishments, encourage greater efforts in performance or help correct work deficiencies as noted. (An additional sheet may be attached if more space is needed for comments and details.)
_ a: Job knowledge	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
_ b: Accuracy of work	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
_ c: Neatness of work	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
_ d: Thoroughness	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SECTION #2: QUANTITY OF WORK		
_ a: Volume of work produced	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
_ b: Meets schedules / deadlines	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SECTION #3: WORK HABITS		
_ a: Attendance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
_ b: Complies with assigned schedule	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
_ c: Organizes work well	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
_ d: Complies with rules, instructions, policies and regulations	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SECTION #4: INTERPERSONAL SKILLS		
_ a: Interaction with co-workers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
_ b: Interaction with supervisor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
_ c: Interaction with clients	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
_ d: Phone contacts	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SECTION #5: PERSONAL QUALITIES		
_ a: Accepts direction	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
_ b: Accepts changes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
_ c: Initiative	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
_ d: Adaptability / flexibility	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
_ e: Independence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
_ f: Uses good judgment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
_ g: Demonstrates an interest in job	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

OVERALL RATING If "needs improvement" or "not satisfactory" is indicated, please attach improvement plan.

SECTION #6: Strengths/Unique Qualities/Achievements

SECTION #7: Areas of Concern/Improvement Needed

SECTION #8: Individualized Goals for Next Evaluation

My signature indicates I have seen and discussed this Performance Appraisal with my supervisor, but does not necessarily imply my agreement. I recognize that I have the opportunity to attach a response to this evaluation by submitting my written comments to the Director Human Resources.

SIGNATURE OF EMPLOYEE

DATE

SIGNATURE OF NEXT LEVEL SUPERVISOR

DATE

SIGNATURE OF SUPERVISOR

DATE

Original must be returned to the Human Resources Department.
A copy should be retained by the supervisor and a copy given to employee.
 Updated 03/2020