



ANNUAL PERFORMANCE REVIEW - DUE APRIL 1st

EMPLOYEE: _____
JOB TITLE: _____
SUPERVISOR: _____

DEPT. _____
TIME IN DEPT: _____
DATE: _____

Recognizing that each department sets its own standards for their employees, please review each employee based on:

DS - Performing at Department Standards Level

B - Performing Below Standard Level

A - Performing Above Standard Level

Place a \checkmark in the respective box.

REVIEW FACTORS

COMMENTS

	DS	B	A	
PLANNING - Ability to plan for immediate and long-range assignments. Sets realistic goals and timetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

COOPERATION - Extent to which employee cooperates with coworkers, management, and surrounding businesses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

DEPENDABILITY - Extent to which employee is trusted to carry out instructions. Exercises good judgment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

QUALITY OF WORK - Accuracy, neatness, thoroughness of work. Economy of time and materials. Care of equipment used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ATTITUDE - Polite and courteous when handling both the public and coworkers. Maintains an even temper and attitude at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

INITIATIVE - Diligent work habits. Strong sense of responsibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ATTENDANCE - Punctuality and overall attendance record. On the job completing assignments at the appointed time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

VERSATILITY - Resourceful in handing assignments and solving problems. Versatile in application of knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

LEADERSHIP - Inspires confidence, productivity, teamwork. Fair and consistent use of discipline if applicable. Displays a neat/ professional appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SAFETY AWARENESS - Conscious of equipment and exercises safety habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Use this area to specify specific strengths or weaknesses this employee may have: _____

FUTURE GOALS & OBJECTIVES: _____

Indicate what actions employee should focus on to improve performance: _____

Next evaluation to be scheduled: If specific weaknesses have been discussed, the department head and/or employee may request an interim performance review in:

- 3 Months 6 Months 9 Months Annual Review

Employee:

I have reviewed this report and have had an opportunity to discuss it with my supervisor. My signature does not necessarily mean that I agree with this report. I understand that this report will be placed in my personnel file.

I understand that I have 48 hours to respond in writing to any concerns that I any have regarding this review.

Signature - Employee

Date

Department Head

Date

Original: Personnel File
Copy: Employee & Department Head