

**WASHINGTON COUNTY
EMPLOYEE PERFORMANCE EVALUATION**

EMPLOYEE NAME	JOB TITLE	TYPE OF EVALUATION ___ END OF PROBATION ___ ANNUAL ___ OTHER ___ Transfer ___
DEPARTMENT	EMPLOYEE NUMBER	DATE OF EMPLOYMENT

PART I

STANDARDS FOR SATISFACTORY PERFORMANCE 1. DOES NOT MEET STANDARDS 2. BELOW STANDARDS 3. AVERAGE 4. ABOVE STANDARDS 5. EXCEEDS STANDARDS	1 – 5 SCALE	COMMENTS ON JOB PERFORMANCE List specific examples of this employee’s performance which helps Explain the rating given. NOTE: This section must be completed if the rating given is <u>“Does Not Meet Standards”</u>
1) JOB KNOWLEDGE Knowledge of work Use of equipment Technical Skills Oral/Written Communications Reasoning Ability Using Initiative		
2) QUALITY OF WORK Accuracy Neatness Thoroughness Organization		
3) QUANTITY OF WORK Amount of work produced Speed Meeting schedules Able to work under pressure		
4) INTER-PERSONAL RELATIONS Co-Workers Supervisors Public Shown by appearance/words		
5) DEPENDABILITY Following instructions Completing assignments Using judgment Attendance Observing work hours		
6) SAFETY AWARENESS Following rules Being safety minded Caring for county equipment Identifying potential hazards		
7) SUPERVISORY ABILITY Planning & Scheduling Developing Employee Skills Encouraging Team Work Evaluating Performance Discipline Getting the Job Done Being Cost Conscious		

PART II

ABSENCES	ACCIDENTS	COMMENDATIONS
NUMBER OF DAYS: _____	MEDICAL ACCIDENTS _____ 0 _____	NUMBER OF COMMENDATIONS: _____
Excused (Excluding Leave of Absence) _____	Number from unsafe acts _____ 0 _____	WOULD YOU RE-EMPLOY? YES _____ NO _____ (To be filled out only at separation)
Unexcused..... _____ 0 _____	Lost-Time Accidents..... _____ 0 _____	
On Leave of Absence..... _____	Number from Unsafe Acts _____ 0 _____	

COUNSELING AND WARNING REPORTS

Number of Counselings _____ 0 _____

Number of Warnings _____ 0 _____

PART III

The major areas of weakness pinpointed by this evaluation are:

1. _____
2. _____
3. _____

Suggestions for improvement:

The major areas of strength noted by this evaluation are:

1. _____
2. _____
3. _____

OVERALL RATING: 1 2 3 4 5

PREPARED BY: _____ TITLE: _____

REVIEWED BY: _____ TITLE: _____

I have reviewed and discussed the Evaluation with the preparer:

MY COMMENTS: _____

DATE: _____ (Employee's Signature) _____