

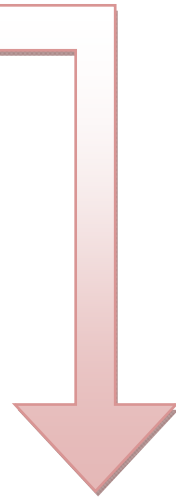
Employee Name & Title: _____ County: _____

STAFF PERFORMANCE EVALUATION

(EVALUATION PERIOD DATES: _____ TO _____)

PERFORMANCE EVALUATION RATING DESCRIPTIONS:

- **Outstanding** - Employee's job performance is exceptional in comparison to job requirements, essentials duties, and/or responsibilities and, if applicable, in comparison to other employees performing similar duties. Performance at this level **consistently exceeds** expectations and makes significant contributions to the mission of the unit.
- **Highly Effective** - Employee's job performance **consistently meets** and **frequently exceeds** job requirements, essential duties, and/or responsibilities. Performance at this level is considered above average in comparison to job requirements and to others performing similar duties, when applicable.
- **Effective** - Employee **consistently meets** all job requirements, essential duties, and/or responsibilities in a competent manner. This is the minimum expected level of performance for employees.
- **Needs Improvement** - Employee **meets some but not all** job requirements, essential duties, and responsibilities. Guidance and/or coaching are needed for improvement.
- **Unsatisfactory** - Employee **does not meet** job requirements, essential duties, and/or responsibilities for position. Immediate and significant improvement is needed.



Please select the rating by checking off one column. COMMENTS ARE NECESSARY AND HIGHLY ENCOURAGED.		O	HE	E	NI	U
CONTINUOUS LEARNING AND JOB KNOWLEDGE						
1.	Rate the employee's demonstrated job knowledge . Consider factors such as: - time in the position - extent to which efforts are made to stay up-to-date - extent to which employee is consulted by others on technical matters					
2.	Rate the employee's job performance . Consider factors such as: - use of resources and technology - initiative to seek feedback and development opportunities to improve performance - willingness to accept coaching and implement changes to improve work performance - level of supervision required					
Comments:						
BUILDING RELATIONSHIPS						
1.	Meets customer and stakeholder needs in a timely and courteous manner					
2.	Identifies and shares information with all relevant individuals and groups					
Comments:						
COMMUNICATION						
1.	Organizes and verbally communicates ideas and information clearly					
2.	Expresses disagreement in a constructive, non-confrontational manner					
3.	Listens attentively and responds appropriately.					
Comments:						
DEPENDABILITY AND ORGANIZATIONAL SUPPORT						
1.	Follows instructions and responds promptly to management direction					
2.	Meets attendance and punctuality guidelines - keeps commitments					
3.	Follows policies and procedures					
4.	Takes responsibility for own actions					
5.	Uses best practices to assist in ensuring the safety of self and others					
Comments:						

Employee Name & Title:_____ **County:**_____

TEAMWORK, COOPERATION AND DIVERSITY COMMITMENT

1. Contributes to building a positive team spirit					
2. Works actively to resolve conflicts					
3. Supports diversity initiatives and respects and values individual differences					

Comments:

ACHIEVEMENT ORIENTATION

1. Remains open to new ideas and modifies behavior or work methods in response to new information or changing circumstances.					
2. Performs work with individual motivation, self-confidence, and minimal instruction					

Comments:

JUDGEMENT AND DECISIONS

1. Exhibits sound and accurate judgment					
2. Includes appropriate people in decision-making process					

Comments:

LEADERSHIP AND INITIATIVE

1. Demonstrates high standards of conduct and personal accountability					
2. Anticipates needs and takes action without waiting to be told					

PERFORMANCE OBJECTIVES & DEVELOPMENT

1. Objectives and Goals Development Plan:
2. Additional Evaluator Comments - List any additional observations or concerns not addressed previously, such as to acknowledge noteworthy accomplishments, pointing out areas requiring improvement.
3. Performance Summary - Evaluate employee on their job responsibilities based on preceding comments and ratings. Consider both strengths and limitations and the **employee's overall success in fulfilling position responsibilities**.
4. Employee Comments - Supporting documents can be attached

ACKNOWLEDGMENT & SIGNATURES

I acknowledge and certify that this performance evaluation was reviewed by me and was conducted to evaluate my performance and to discuss future performance and development plans.

Employee Signature:_____ Date: _____

Supervisor Signature:_____ Date: _____