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| **Name/Employee Id No.:** | Anitha Atluri |
| **Evaluation Period:** | Click here to enter a date. **-** Click here to enter a date. |
| **Classification/Title:** |  |
| **Date:** | 10/23/2017 |
| **Type of Appraisal:** |  |

**Instructions:** *This appraisal form must be completed by the immediate supervisor based on performance standards established.*

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| **Performance Rating Definitions:** | |
| Outstanding: | Performance is consistently superior |
| Exceeds Expectations: | Performance is routinely above job requirements |
| Meets Expectations: | Performance is regularly competent and dependable |
| Below Expectations: | Performance fails to meet job requirements regularly |
| Unsatisfactory: | Performance is consistently unacceptable |

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|  | **Outstanding**  **4** | **exceeds expectations**  **3** | **meets expectations**  **2** | **Below Expectations**  **1** | **unsatisfactory**  **0** | |
| **Job Knowledge:** |  |  |  |  |  | |
| **quality of work:** |  |  |  |  |  | |
| **productivity:** |  |  |  |  |  | |
| **dependability:** |  |  |  |  |  | |
| **attendance:** |  |  |  |  |  | |
| **relations with others:** |  |  |  |  |  | |
| **commitment to safety:** |  |  |  |  |  | |
|  |  |  |  |  |  | |
| **overall appraisal rating:** |  |  |  |  |  | |
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| **performance areas which need improvements:** | | | | | |
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| **employee strengths and accomplishments:** *Include those which are relevant during this evaluation period****.*** *This should be related to performance or behavioral aspects you appreciate in their performance* |
| 1. ISILON 2. Bond Post IEPD 3. Bond Set IEPD 4. Bond Post Stored Procedure 5. Bond Post Trigger 6. Court Assignment IEPD 7. Defense Attorney Assignment 8. Currently Working on Court Assignment to AIS from TechShare 9. Currently Working on Defense Attorney Assignment to AIS from Techshare |

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| |  | | --- | | **plan of action toward improved performance:** | | 1. Complete the tasks involved in the TechShare Project 2. Work on MVC project or task involved with that . |   evaluator’s overall rating *(calculated by averaging numerical ratings and comments)* |
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| second level supervisor’s comments (optional): |
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| employee’s comments *(use attachments, if necessary):* |
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| **Employee:** |  | **Date:** | Click here to enter a date. |

*(Signature does not necessarily denote agreement with official review and means only that the employee was given the opportunity to discuss the official review with the supervisor.)*

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| **Evaluated by:** |  | **Date:** | Click here to enter a date. |
| **Evaluated by:** |  | **Date:** | Click here to enter a date. |
| **Second-Level Supervisor’s** |  | **Date:** | Click here to enter a date. |

**Employee Refusal to Sign:** *I certify that this performance appraisal was discussed with the employee who refused to sign it.*

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| **Evaluator’s Certification:** |  | **Date:** | Click here to enter a date. |

*Distribution:*

*Original – Department Personnel File Copy – Supervisor Copy - Employee*