

Instructions: This is an annual performance evaluation. Managers with direct reports must electronically complete, print and sign the form and provide it to HR for compliance review/approval. Afterwards, managers should review performance evaluations with each employee. Employees may add any relevant comments and sign, acknowledging review and receipt of their evaluation. After the review process has been completed managers should provide each employee with a copy of his/her review and forward all original documents to the Human Resources department to be immediately secured in the employee's file.

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|--------------------------------|--------------------------|--------------------------|--|
| Employee Name: | Evaluation Date: | Evaluation Period | |
| Evaluation Type: Annual | Present Position: | From | |
| | | To | |

Employee Rating Definitions (Final rating must be placed on last page):

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|-----|-----------------------|---|
| 5 | Outstanding | Greatly exceeds all requirements. |
| 4 | Commendable | Very satisfactory. Performance exceeds majority of expected requirements. |
| 3 | Average | Satisfactory. Performance meets most requirements. |
| 2 | Fair | Performance needs improvements in some areas. Performance is at a minimal acceptance level. |
| 1 | Poor | Unsatisfactory performance. |
| N/A | Not Applicable | Not Applicable |

Skill/Aptitude:

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Management (Applicable to Managers w/Direct Reports only):

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| Key Results/Accomplishments |
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| Areas Needing Improvement |
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| Manager Comments: |
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| Employee Comments (Employee May Attach Separate Sheet): |
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Overall Employee Rating :

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|----------|-----------------|---|
| 5 | Superior | Outstanding. Greatly exceeds all requirements. |
| 4 | Good | Very satisfactory. Performance exceeds majority requirements. |
| 3 | Average | Satisfactory. Performance meets most requirements. |
| 2 | Fair | Performance needs improvements in some areas. Performance is at a minimal acceptance level. |
| 1 | Poor | Unsatisfactory performance. |

| FY 2013 Key Work, Skill, and/or Knowledge Objectives | Time Frame (If applicable) |
|---|-----------------------------------|
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Manager _____
 Print Name Title Signature

Human Resources _____
 Print Name Title Signature

Employee Receipt Acknowledgement _____
 Print Name Title Signature

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| CEO Comments (If so desired): |
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