

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_



## **PERFORMANCE EVALUATION FORM-FLSA EXEMPT EMPLOYEE**

**Type of Review:** ☐ Annual ☐ 90 Day ☐ 180 Day

Employee Name: \_\_\_\_\_ Employee Title: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Evaluation Period: \_\_\_\_\_ to \_\_\_\_\_

Date Form Completed: \_\_\_\_\_ Performance Evaluation Meeting Date: \_\_\_\_\_

**Directions:** Mark the appropriate column with a **check mark** for each evaluation factor. Please provide written feedback for **ALL** sections. **Scores of 1, 2, and 5 must be specific, explained** and, if applicable, documents, communications, or work product that demonstrate the Unsatisfactory, Needs Improvement, or Exceptional rating should be attached.

### **PERFORMANCE FACTORS**

**1. Effectiveness: Performs the job correctly and demonstrates thoroughness, accuracy and competence in the performance of duties and technical skills where applicable.**

- 5 Exceptional
- 4 Good
- 3 Satisfactory
- 2 Needs Improvement
- 1 Unsatisfactory

Score: \_\_\_\_\_

**2. Prompt Completion of Work: Completes assignments in a timely manner. Organizes time consistent with appropriate priorities as directed by supervisor.**

- 5 Exceptional
- 4 Good
- 3 Satisfactory
- 2 Needs Improvement
- 1 Unsatisfactory

Score: \_\_\_\_\_

**3. Judgment: Makes sound decisions, exhibits logical reasoning, demonstrates initiative and analytical ability**

- 5 Exceptional
- 4 Good
- 3 Satisfactory
- 2 Needs Improvement
- 1 Unsatisfactory

Score: \_\_\_\_\_

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**4. Time and Attendance: Demonstrates appropriate commitment of time and conscientious enforcement of time and attendance policies.**

- 5 Exceptional
- 4 Good
- 3 Satisfactory
- 2 Needs Improvement
- 1 Unsatisfactory

Score: \_\_\_\_\_

**5. Communication Skills: Expresses themselves effectively verbally and/or in writing to other employees and with the public.**

- 5 Exceptional
- 4 Good
- 3 Satisfactory
- 2 Needs Improvement
- 1 Unsatisfactory

Score: \_\_\_\_\_

**6. Ability to Work with Others: Can function professionally and politely with supervisors, with other co-workers, subordinates, and the public in the performance of the job duties.**

- 5 Exceptional
- 4 Good
- 3 Satisfactory
- 2 Needs Improvement
- 1 Unsatisfactory

Score: \_\_\_\_\_

**7. Accountability: Accepts responsibility for actions, cooperates with management, demonstrates knowledge of Employee Handbook, Employment Plan, Ethics Rules, and adheres to and is in compliance with policies generally.**

- 5 Exceptional
- 4 Good
- 3 Satisfactory
- 2 Needs Improvement
- 1 Unsatisfactory

Score: \_\_\_\_\_

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**8. Leadership Skills: Guides and directs work, coaches others, sets goals and achieves results, leads by example, shows appreciation for contributions and achievements, promotes inclusiveness, manages staff through organizational changes.**

5

Exceptional

4

Good

3

Satisfactory

2

Needs Improvement

1

Unsatisfactory

Score: \_\_\_\_\_

**Subtotal**  
**OVERALL AVERAGE SCORE**

Exceptional (4.6 – 5.0)	Good (3.6 – 4.5)	Satisfactory (2.6 – 3.5)	Needs Improvement (1.6 – 2.5)	Unsatisfactory (1.5 – 1)

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Supervisor's Comments and Recommendations:**

**Immediate Supervisor's Comments and Recommendations (if applicable):**

**Reviewing Deputy Assessor's/ Director's Comments:**

**Employee's Comments:**

Attach additional pages if necessary

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

With respect to all jobs under the jurisdiction of the Cook County Assessor's Office (CCAO) that are not identified as exempt on the Assessor's Office List of Exempt Positions, as amended and as filed with the court, I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of CCAO employment or hiring upon or because of any political reason or factor or knowingly inducing, aiding, abetting, participating in, cooperating with or threatening any act which is proscribed above. I certify, under penalty of perjury, as provided by the law that, to the best of my knowledge, political reasons or factors did not enter into this Performance Evaluation. By signing below I acknowledge that I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination and may subject me to criminal prosecution.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager/Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Assessor/Director Signature

\_\_\_\_\_  
Date

I acknowledge that I have had an opportunity to review and comment on this Performance Evaluation.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

☐ Copy to Employee

☐ Copy to Personnel File

☐ Copy to Supervisor

☐ Copy to DOC

☐ Copy to Deputy Assessor

☐ Copy to ACA