

Employee Name: _____

Date: _____



PERFORMANCE EVALUATION FORM-FLSA NON-EXEMPT

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: _____

Employee Name: _____

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4. Time and Attendance: Abides by rules of punctuality on attendance, start, stop, and approved lunch and break regulations.

- 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: _____

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

Date: _____

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