

CLASSIFIED, NONCLASSIFIED, AND PERMITTED EMPLOYEE PERFORMANCE ASSESSMENT

NAME: _____ DATE: _____
 JOB ASSIGNMENT: _____ LOCATION: _____

I. RATE EACH EMPLOYEE ON THE FOLLOWING ITEMS BY PLACING A CHECK IN THE APPROPRIATE BOX.

Description	Rating					Remarks and/or Suggestions
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attitude	Enthusiastic Interested <input type="checkbox"/>	Definite Work Interest <input type="checkbox"/>	Average Work Interest <input type="checkbox"/>	Sometimes Indifferent <input type="checkbox"/>	Complains or Acts Unconcerned <input type="checkbox"/>	
Promptness	Always on Time <input type="checkbox"/>	On Time More Than Average <input type="checkbox"/>	Usually on Time <input type="checkbox"/>	Sometimes Late <input type="checkbox"/>	Often Late <input type="checkbox"/>	
Job Knowledge	Exceptional Knowledgeable <input type="checkbox"/>	Well Informed <input type="checkbox"/>	Adequate Job Knowledge <input type="checkbox"/>	Limited Job Knowledge <input type="checkbox"/>	Inadequate Job Knowledge <input type="checkbox"/>	
Quality of Work	Excellent Work Carefully Done <input type="checkbox"/>	Quality Work Well Done <input type="checkbox"/>	Satisfactory Work Few Errors <input type="checkbox"/>	Fair Work Sometimes Careless <input type="checkbox"/>	Poor Work: Unsatisfactory <input type="checkbox"/>	
Volume of Work	High Output <input type="checkbox"/>	Usually High Output <input type="checkbox"/>	Normal Output <input type="checkbox"/>	Limited Output <input type="checkbox"/>	Insufficient Output Unsatisfactory <input type="checkbox"/>	
Dependability	Always Dependable <input type="checkbox"/>	Often Dependable <input type="checkbox"/>	Usually Dependable <input type="checkbox"/>	Sometimes Dependable <input type="checkbox"/>	Seldom Dependable <input type="checkbox"/>	
Initiative	Performs Excellent Extra Work <input type="checkbox"/>	Performs Above Average Work <input type="checkbox"/>	Performs Work Adequately <input type="checkbox"/>	Sometimes Lacks Initiative <input type="checkbox"/>	Often Lacks Initiative <input type="checkbox"/>	
Employee Relations	Exceptionally Courteous <input type="checkbox"/>	Always Courteous <input type="checkbox"/>	Usually Courteous <input type="checkbox"/>	Sometimes Courteous <input type="checkbox"/>	Seldom Courteous <input type="checkbox"/>	

II. ATTENDANCE: EVALUATION TIME PERIOD (DATE) _____ THROUGH (DATE) _____
 DATE ABSENT: _____

III. OVERALL EVALUATION RATING: _____ SATISFACTORY _____ UNSATISFACTORY

SUPERVISOR'S COMMENTS, REMARKS OR SUGGESTIONS

SUPERVISORS SIGNATURE: _____ DATE _____

EMPLOYEE COMMENTS:

EMPLOYEE SIGNATURE _____ DATE _____

(Signature indicates awareness of the contents of this evaluation)