

PERSONNEL PERFORMANCE APPRAISAL

LOCATION: _____

WORK LOCATION: _____

Employee: _____

Hire Date: _____

Date of Last Appraisal: _____

Reason for Appraisal:

90 Day

Annual

Other

[As per Job Description]

[Department Person Works in]

Position Title: _____

Department: _____

Ratings: 1 Outstanding* 2 Very Good 3 Meets Expectations 4 Improvement Needed* 5 Unsatisfactory*

*(Requires comment)

Date of this Appraisal: _____

1. **TRANSACTION ANALYSIS AND PROCESSING** : Results of individual's ability to analyze and process work transactions
Comments: _____ 1* 2 3 4* 5*
2. **QUALITY OF WORK**: Consider accuracy, neatness, etc.
Comments: _____ 1* 2 3 4* 5*
3. **QUANTITY OF WORK**: Consider volume produced compared to needs
Prioritization of Work; Organization
Comments: _____ 1* 2 3 4* 5*
4. **INITIATIVE**: Consider resourcefulness & ingenuity, sense of urgency in completing tasks; ability to work independently
Comments: _____ 1* 2 3 4* 5*
5. **DEPENDABILITY**: Commitment to department and consistency in work output and habits
Comments: _____ 1* 2 3 4* 5*
6. **TEAMWORK**: Consider level of cooperation with team members and others; attitude toward the job, and others
Comments: _____ 1* 2 3 4* 5*
7. **HUMAN RELATIONS AND COMMUNICATIONS**: Communicates well with others, treats other employees and the public with respect and courtesy; leadership abilities
Comments: _____ 1* 2 3 4* 5*
8. **PEOPLE MANAGEMENT: (If applicable only)** Consider the person's ability and activities in managing his or her employees.
Comments: _____ 1* 2 3 4* 5*

Other Comments: _____

Section 2 - Appraisal Summary and Recommended Actions for Employee Improvement

STRONG AREAS OF PERFORMANCE: [Describe areas of strength of the person]

- 1. _____
- 2. _____
- 3. _____

SUGGESTED IMPROVEMENTS: [Describe areas where this person needs improvement (e.g. prioritization, timeliness, etc)]

- 1. _____
- 2. _____
- 3. _____

Goals for the Upcoming Year: [List goals for the person being evaluated – can be a combination of supervisor & employee]

- 1. _____
- 2. _____
- 3. _____

SIGNIFICANT INTERVIEW COMMENTS: Record only those additional significant items brought up by you or the employee that are not recorded elsewhere in this document.

Printed Name

Signature of Supervisor

Date

EMPLOYEE REVIEW:

Optional Comments: If the employee wishes to do so, any comments concerning the performance plan or evaluation (for example, agreement or disagreement) may be indicated in the space provided below.

I have reviewed this document and have discussed the contents with my supervisor. My signature means that I have been advised of my performance status and does not necessarily imply that I agree with the evaluation.

Signature of Employee

Date