



# PERFORMANCE EVALUATION

Meets performance requirements at the time of evaluation?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Employee Name: \_\_\_\_\_  
Last First M. I.

Employee ID Number: \_\_\_\_\_ Position Title: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Evaluation Period: From:  To:

Next Review Date:

### Performance Standards:

- E - Exceeds:..... Performance consistently exceeds job requirements, demonstrates exceptional productivity, efficiency, and effectiveness. (Written comment is required)
- M - Meets:..... Performance consistently meets job requirements, demonstrates productivity, effectiveness, and competency.
- N - Needs Improvement:..... Performance does not consistently meet all job requirements; improvement is necessary to attain expected level of performance. (Written comment is required)
- N/A..... Not Applicable

### Evaluation Forms:

**Attached:**  
**Yes      No**

Section A - Core Elements - Required for all employees.           

Section B - Position Specific Elements - Job specific performance. Recommended for all employees.           

General Comments - Required for all employees.           



R005



## Section A - Core Elements

E - Exceeds  
 M - Meets  
 N - Needs Improvement  
 N/A - Not Applicable

**Employee Name:** \_\_\_\_\_  
Last First M.I.

**Employee ID Number:** \_\_\_\_\_ **Position Title:** \_\_\_\_\_

<b>Core Elements</b>						
	E	M	N	N/A	<b>Comments (Required if Exceeds or Needs Improvement is checked)</b>	
<b>1. Quality</b>						
- Demonstrates accuracy & thoroughness in work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- Monitors own work to ensure details are correct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- Demonstrates knowledge and understanding of area of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2. Ethics and Accountability</b>						
- Accountable & responsible for all personal actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- Adheres to high ethical standards, honesty, & loyalty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- Accountable for assigned tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>3. Planning and Organization</b>						
- Works in a well thought-out manner in accordance with accepted standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- Demonstrates effective time management in day-to-day activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- Meets attendance & punctuality guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- Asks for help if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4. Communication and Customer Service</b>						
- Exhibits good listening, understanding, & clarification skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- Responds appropriately to questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- Expresses ideas & information clearly & appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- Displays courtesy and professionalism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- Remains calm & productive when dealing with challenging situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5. Flexibility and Teamwork</b>						
- Adapts well to changes in the work environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- Accepts and values feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- Offers assistance and support as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- Works cooperatively in group situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



## Section B Position Specific Elements

E - Exceeds  
 M - Meets  
 N - Needs Improvement  
 N/A - Not Applicable

**Employee Name:** \_\_\_\_\_  
Last First M.I.

**Employee ID Number:** \_\_\_\_\_ **Position Title:** \_\_\_\_\_

Position Specific Elements (i.e. Essential Job Functions)	E	M	N	N/A	Comments (Required if Exceeds or Needs Improvement is checked)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## Section B (Part 2) Position Specific Elements

E - Exceeds  
 M - Meets  
 N - Needs Improvement  
 N/A - Not Applicable

**Employee Name:** \_\_\_\_\_  
Last First M.I.

**Employee ID Number:** \_\_\_\_\_ **Position Title:** \_\_\_\_\_

Position Specific Elements (i.e. Essential Job Functions)	E	M	N	N/A	Comments (Required if Exceeds or Needs Improvement is checked)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## General Comments

**Employee Name:** \_\_\_\_\_  
Last First M.I.

**Employee ID Number:** \_\_\_\_\_

**General Comments (Attach additional pages if needed)**

**Developmental/Action Plan (Attach additional pages if necessary)**

**Suggested items may include:**

- \* Cross training opportunities
- \* New job related skills to include equipment & software
- \* Educational opportunities to include class attendance and certifications as appropriate
- \* Job efficiencies
- \* Enhancement to job performance

Follow-Up Date		Documentation of Follow-Up:	
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**Employee Feedback (Optional - Attach additional sheets as needed)**

Employee Name (First MI Last)	Employee ID	Signature	Date
Supervisor Name (First MI Last)	Employee ID	Signature	Date
Next Level Management Name (First MI Last)	Employee ID	Signature	Date
HR Rep Name (First MI Last)	Signature	Date	