

WATCHUNG PERFORMANCE EVALUATION

Name: _____
Title: _____ Dept. _____
Supervisor: _____
Date: _____ Performance Year _____

PART 1: PERFORMANCE FACTORS	(Choose 1 2 3 4 5)	FINAL RATING
Customer Service – <i>Identifies and meets the needs of internal and external customers in a positive manner.</i>	_____	
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Quality & Quantity of Work – <i>Overall extent to which employee is thorough, accurate and produces an acceptable amount of work.</i>	_____	
<hr/> <hr/> <hr/>		
Knowledge of Job – <i>Is versed in technical/functional areas. Knowledgeable in current, and future trends, practices and information.</i>	_____	
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Teamwork – <i>Works with others to achieve common objectives. Builds positive relationships and maintains a positive attitude. Places objective of team above individual objectives.</i>	_____	
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Communication – <i>Speaks and writes clearly. Listens attentively. Informs appropriate people of relevant details on a timely basis. Keeps supervisor up-to-date on progress.</i>	_____	
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Dependability– *Reliable and consistent performance and attendance and punctuality.* _____

Initiative– *Extent to which employee is a self-starter and demonstrates ability to think through tasks and plan work independently. Seeks increased responsibility.* _____

OVERALL PERFORMANCE RATING: _____

Complete the following section only if employee has formal supervisory responsibilities.

Innovation– *Identifies more effective methods of performing key job functions. Able to think “outside of the box” to solve problems.* _____

Planning & Organizing- *Performs work systematically and effectively. Utilizes time efficiently. Meets deadlines and commitments. Uses available resources to achieve objectives.* _____

Supervisory & Administration Ability- *Gives guidance, direction and constructive feedback To employees. Executes administrative responsibilities effectively.* _____

FOR SUPERVISORS – OVERALL PERFORMANCE RATING: _____

Complete the following section only if employee has formal supervisory responsibilities.

PART 2: GOAL SETTING

Goals:	Timeframe

To be completed by all employees.

PART 3: PROFESSIONAL DEVELOPMENT PLAN

Areas for Development:

Actions to be taken:

PART 4: EMPLOYEE COMMENTS

Actions to be taken:

PART 5: SIGNATURES

I have had the opportunity to review this document and discuss its contents with my Department Head. My signature acknowledges that I have been informed of my performance evaluation but does not necessarily indicate my agreement with its content.

Employee: _____ Date: _____

Department Head: _____ Date: _____

Administrator: _____ Date: _____