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: ______

2. QUALITY OF WORK: Consider accuracy, neatness, etc.
   Comments: ______

3. QUANTITY OF WORK: Consider volume produced compared to needs
   Prioritization of Work; Organization
   Comments: ______

4. INITIATIVE: Consider resourcefulness & ingenuity, sense of urgency in completing tasks; ability to work independently
   Comments: ______

5. DEPENDABILITY: Commitment to department and consistency in work output and habits
   Comments: ______

6. TEAMWORK: Consider level of cooperation with team members and others; attitude toward the job, and others
   Comments: ______

7. HUMAN RELATIONS AND COMMUNICATIONS: Communicates well with others, treats other employees and the public with respect and courtesy; leadership abilities
   Comments: ______

8. PEOPLE MANAGEMENT: (If applicable only) Consider the person’s ability and activities in managing his or her employees.
   Comments: ______

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 __________