



# TOWN OF DAVIE PERFORMANCE EVALUATION

The purpose of the Performance Evaluation is to:

- \*Ensure each employee is focusing on the areas which support the goals of the Department/Division and the Town;
- \*Encourage active participation in the planning of individual improvement and development.

<b>Employee Name:</b>		<b>Town Employee #</b>	
<b>Position:</b>		<b>Department/Division:</b>	
<b>Date of Hire:</b>		<b>Evaluation Period:</b>	<b>From:                      To:</b>
<b>Immediate Supervisor:</b>		<b>Date Prepared:</b>	
<b>Overall Performance</b>		<b>Date of next evaluation:</b>	

Please check all that apply:

	Annual Evaluation
	Probationary Evaluation (3, 6 or 9 months)
	Adjustment Period Extension required
	Length of extension, if applicable
	Other:

## INSTRUCTIONS

This Performance Evaluation form consists of 10 job related competencies, select the appropriate scoring as listed. Insert comments for each competency. Evaluation form shall be reviewed and signed by the employee, immediate supervisor, rater(s) if applicable and Department Director/Division Manager prior to submission to the Human Resources Department. ***If overall score is less than 3.0, employee must be reevaluated within 90 calendar days and given a Performance Correction Action Plan. This must be explained to the employee so they have an opportunity to attain satisfactory performance standards.*** If extra space is needed, please attach a separate sheet of paper with additional comments.

- (5) **Outstanding**                      Consistently exceeds expectations, job requirements, competencies and behaviors. Exceptional in most criteria evaluated. Is a self-starter and shows initiative; requires minimal supervision. Serves as a resource to others. Makes a significant contribution to the Town and/or Department/Division.
- (4) **Exceeds Expectations**                      Usually exceeds expectations, job requirements, competencies and behaviors. Obtains high quality results in criteria evaluated. Makes a significant contribution to the Town and/or Department/Division.
- (3) **Meets Expectations**                      Consistently Meets expectations and assigned job requirements, competencies and behaviors. Performs as required. Contributes to the success of the Town and/or Department/Division.
- (2) **Needs Improvement**                      Usually does not meet expectations, job requirements, competencies and behaviors. Requires more than minimal help from supervisor and others. Occasionally shows a willingness to improve in areas of deficiency but generally performance does not fully meet job requirements. Significant improvement is required if the employee is to continue in this position.
- (1) **Unsatisfactory**                      Consistently does not meet expectations, job requirements, competencies and behaviors. Performance is inadequate and unacceptable.

**SECTION 1 - JOB RELATED COMPETENCIES**

<p><b>1. Teamwork-</b> <i>Develops and maintains positive working relationships with employees; actively participates and works collaboratively toward solutions which generally benefit all parties involved; readily shares all relevant information; minimizes conflict when dealing with problems.</i>  <u>Comments:</u></p>	
<p><b>2. Interpersonal Skills-</b> <i>The ability to deal professionally and positively with the public, employees and other departments/divisions.</i>  <u>Comments:</u></p>	
<p><b>3. Communication-</b> <i>Expresses ideas and information in writing and verbally, in a manner that is complete, clear, concise, organized and appropriate to the audience. Conveys information to supervisors, peers, and customers in a timely, clear, and concise manner. Listens to others, is open-minded to and evaluates suggestions from others.</i>  <u>Comments:</u></p>	
<p><b>4. Quality of Work &amp; Job Knowledge-</b> <i>Maintains high levels of quality and accuracy in work. Possesses the essential skills to complete tasks and projects. Demonstrates good judgment and problem solving skills.</i>  <u>Comments:</u></p>	
<p><b>5. Job Commitment-</b> <i>Willingness to assume responsibility, display a positive attitude, and demonstration of pride in the quality of work product. Supports new ideas and exercises flexibility as changes are initiated.</i>  <u>Comments:</u></p>	
<p><b>6. Safety and Quality Improvement-</b> <i>Demonstrates good judgment in practicing safety awareness and compliance; accepts responsibility and accountability for safety efforts; reports injuries or safety concerns to appropriate authority in a timely manner.</i>  <u>Comments:</u></p>	
<p><b>7. Judgment-</b> <i>The ability to make well-founded and informed decisions, the ability to analyze challenges on the job, evaluate alternatives, and the ability to seek guidance when necessary.</i>  <u>Comments:</u></p>	
<p><b>8. Professionalism-</b> <i>The ability to perform the job duties with integrity and honesty, accept criticism in a positive manner, and work cooperatively to set goals for improvement.</i>  <u>Comments:</u></p>	
<p><b>9. Time Management-</b> <i>The ability to prioritize work assignments, manage deadlines, and complete job duties in a timely and efficient manner.</i>  <u>Comments:</u></p>	
<p><b>10. Attendance/Punctuality-</b> <i>The ability to meet all policy standards for attendance and punctuality; conformity to work schedule. Consider arrival times, observance of time limits for all breaks. Consider patterns of sick leave, prior approval for vacation or other time off and prompt notice of absence due to illness.</i>  <u>Comments:</u></p>	

Competency #	1	2	3	4	5	6	7	8	9	10	Total
Score											

**SECTION 2 - DEVELOPMENT & COMMENTS**

**List strengths, valued contributions, opportunities for improvement, suggested training and/or experience as well as mutual plans and goals for future development.**

Immediate Supervisor Comments:

Immediate Supervisor (Print): \_\_\_\_\_

Immediate Supervisor (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

Department Director/Division Manager

(Signature): \_\_\_\_\_

Date: \_\_\_\_\_

Department Director/Division Manager

Comments:

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Employee (Print): \_\_\_\_\_

Employee (Signature)\*: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Comments:

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*\*I understand that by signing this evaluation form, I am not agreeing with the contents but am only acknowledging that I have reviewed the information and that I have had an opportunity to discuss with the supervisor. In signing this evaluation, if I do not agree with the conclusions, I understand that I may write my comments above or attached to another sheet of paper.*