

STAFF PERFORMANCE APPRAISAL FORM

NAME: \_\_\_\_\_ EMPLOYEE ID NO: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ CLASSIFICATION TITLE: \_\_\_\_\_

TYPE OF APPRAISAL:      ANNIVERSARY      SPECIAL

APPRAISAL PERIOD:      FROM: \_\_\_\_\_ TO: \_\_\_\_\_

This form must be returned to the Division of Human Resources by \_\_\_\_\_. If the form is not received by this date, rating will automatically default to **Achieves Performance Standards**.

INSTRUCTIONS: This appraisal form must be completed by the immediate supervisor based on performance standards previously established. If the selected category is "Achieves Standards" the supervisor must indicate the level of rating: <b>M=Marginal</b> or <b>P=Proficient</b> . If the overall is Achieves Standards Marginal or Below Standards, the supervisor must contact the Employee and Labor Relations Department for assistance in implementing a Performance Improvement Plan.	EXCEEDS STANDARDS	ACHIEVES STANDARDS		BELOW STANDARDS
		P	M	
JOB KNOWLEDGE:				
QUALITY OF WORK:				
PRODUCTIVITY:				
DEPENDABILITY:				
ATTENDANCE:				
RELATIONS WITH OTHERS:				
COMMITMENT TO SAFETY:				
SUPERVISORY ABILITY: (applicable only to designated supervisor positions)				
OVERALL APPRAISAL RATING: (one CATEGORY must BE CHECKED)				