**Name:**       **ID:** @      **Fiscal Year:**

**Job Title:**       **Department:**

*Evaluation of Performance in the Categories below Shall Be Related Directly to the Employee’s Current Job Description.*

**Ratings:**

1. **Quality of Work** [ ]  Meets Expectations [ ]  Unsatisfactory

*Specific Comments to Support Rating:*

Click here to enter text.

1. **Quantity of Work** [ ]  Meets Expectations [ ]  Unsatisfactory

*Specific Comments to Support Rating:*

Click here to enter text.

1. **Care/Use of Assigned Equipment**  [ ]  Meets Expectations [ ]  Unsatisfactory

*Specific Comments to Support Rating:*

Click here to enter text.

1. **Compliance with Safety Rules** [ ]  Meets Expectations [ ]  Unsatisfactory

*Specific Comments to Support Rating:*

Click here to enter text.

1. **Attendance/Punctuality** [ ]  Meets Expectations [ ]  Unsatisfactory

*Specific Comments to Support Rating:*

Click here to enter text.

1. **Cooperation** (teamwork, i.e. supervisor/co-workers) [ ]  Meets Expectations [ ]  Unsatisfactory

*Specific Comments to Support Rating:*

Click here to enter text.

1. **Disciplinary Action during This Evaluation Period?** [ ]  No [ ]  Yes

*If yes, please describe:*

Click here to enter text.

1. **Overall Performance Rating For This Periods:** [ ]  Meets Expectations [ ]  Unsatisfactory

*General Comments:*

Click here to enter text.

Employee’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signature of the employee does not indicate agreement, only that the employee has seen the evaluation and has had an opportunity to attach a statement of disagreement if desired)*

Evaluator’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_