Classified Permanent Employee Annual Review

Employee Name: ___________________ Classification: ___________________ Div./Dept. ________________

Ratings: N = Needs Improvement, M = Meets Expectations, E = Exceeds Expectations, D = Does not Apply

Area I: Mastery of the job and workload is demonstrated as the employee:
1. Completes an appropriate volume of work. ______
2. Completes work on schedule and/or meets established deadlines. ______
3. Accurately completes assigned work. ______

Area II: Attendance is key and is demonstrated as the employee:
1. Adheres to established start and end times; meets attendance expectations. ______
2. Notifies supervisor in a timely manner of an absence. ______
3. Uses leave accruals responsibly. ______

Area III: Work Ethic and Initiative are demonstrated as the employee:
1. Adheres to work instructions and procedures. ______
2. Utilizes job knowledge and skills in the performance of work duties. ______
3. Understands the scope of job responsibilities. ______
4. Observes safe work habits; maintains work area, tools, and equipment or requests service/repairs. ______
5. Suggests new or different methods and procedures for completing work. ______
6. Seeks to learn new methods and procedures to enhance job performance. ______
7. Works with supervisor to set goals for additional learning opportunities and professional growth. ______

Area IV: Adaptability and Communication are demonstrated as the employee:
1. Organizes and prioritizes work or seeks priorities guidance from supervisor ______
2. Collaborates and works with others as needed or as directed. ______
3. Informs and updates supervisor on work/projects. ______
4. Works with supervisor on solutions and problem-solving. ______
5. Accepts feedback and suggestions for improvement. ______
6. Works with tact, respect and discretion when dealing with others in our diverse environment. ______

Overall Rating

Supervisor please circle one:  N = Needs Improvement,  M = Meets Expectations,  E = Exceeds Expectations

Supervisor Comments:
Supervisor Goals for employee: (Attach a separate sheet as needed)

Employee Comments: (Attach a separate sheet as needed)

Employee Goals: (Attach a separate sheet as needed)

Employee Acknowledgement: My signature below acknowledges the following: 1) I have received my annual review from my supervisor and we have discussed the ratings for each area and any comments. 2) Should I disagree with any comments or ratings, I understand that I have 10 working days to submit a written response, which will be attached to this form and placed in my personnel file.

___________________________       ________________________
Employee Signature                  Date

___________________________       ______________________________________
Supervisor signature                Name and Title (please print)               Date