

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:

Rating:

- 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