

\_\_\_\_\_ FISCAL YEAR  
**CLASSIFIED EMPLOYEE PERFORMANCE EVALUATION**

Social Security Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

TYPE OF EVALUATION

Annual (Due June 1)

Trial Service (Check appropriate action below)

Grant regular status     Continue trial service\*     Terminate employment

*\*Employees may remain on trial service a maximum of 6 months*

MANDATORY FACTORS  
(Required for **ALL** Evaluations)

1. This written evaluation must be discussed with the employee.
2. Reports of deficiencies must include recommendations for remediation, time-lines, and a follow-up date for review.
3. The evaluation must include a review of the employee's job description.

EVALUATION FACTORS

Circle the appropriate point on the scale which best represents the employee's normal performance (5 outstanding – 1 unsatisfactory). Space is provided on the back of this page for additional comments and for written justification of unsatisfactory ratings.

- |                     |   |   |   |   |   |
|---------------------|---|---|---|---|---|
| 1. Quality of work  | 1 | 2 | 3 | 4 | 5 |
| 2. Quantity of work | 1 | 2 | 3 | 4 | 5 |
| 3. Knowledge of job | 1 | 2 | 3 | 4 | 5 |
| 4. Attitude         | 1 | 2 | 3 | 4 | 5 |
| 5. Initiative       | 1 | 2 | 3 | 4 | 5 |
| 6. Cooperation      | 1 | 2 | 3 | 4 | 5 |
| 7. Attendance       | 1 | 2 | 3 | 4 | 5 |

CONTINUE ON BACK

COMMENTS:

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisors Signature

\_\_\_\_\_  
Date

RETURN SIGNED ORIGINAL TO HUMAN RESOURCES  
GIVE ONE COPY OF THE EVALUATION TO THE EMPLOYEE