

Mission Township Performance Evaluation Form



Employee Name	Position
Supervisor Name	Department
Review Period	Date of Review

Employee Overall Performance Rating

Review Period Rating (check the appropriate value)	<p>Excellent (consistently exceeds position expectations)</p> <p>Satisfactory (generally consistently meets position expectations)</p> <p>Needs Improvement (frequently fails to meet position expectations)</p> <p>Unacceptable (fails to meet position expectations – PIP required)</p>
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Key Responsibilities Rating (check the rating for each responsibility)

Responsibility	Excellent	Satisfactory	Need Improvement	Unacceptable
Job Knowledge Knowledge of policies, procedures, equipment operations, techniques, skills, and basic capabilities.				
Quality of Work Accuracy and overall quality of work performed. Freedom from errors or mistakes.				
Reliability Dependability to be available when required, to complete work properly and on time, and trustworthy.				
Judgement Extent to which sound decisions are made based on fact vs. emotion.				
Cooperation Willingness to work harmoniously with others and to respond positively to instructions & procedures.				
Planning & Organizing (supervisory roles only) Ability to analyze work, set goals, develop plans & budgets, and create accountability for results.				
Directing (supervisory roles only) Ability to motivate others, achieve teamwork, train and develop, measure progress, and take corrective action.				
Decision-making (supervisory roles only) Ability to make quality and timely decisions, and to communicate effectively.				

Noteworthy accomplishments during review period.

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Areas requiring Improvement with specific actions to improve.

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Supervisor's Comments.

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Employee's Comments

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Signatures acknowledge that this form was discussed and reviewed.

Employee Signature	Date
Supervisor's Signature	Date

A copy of this form must be given to the employee and placed in the employee's personnel file held by the clerk.