

JACKSON COUNTY EMPLOYEE PERFORMANCE EVALUATION

Due Date:

Employee Name:	Job Title:	Type of Evaluation <input type="checkbox"/> 6 Month <input type="checkbox"/> End of Probation <input type="checkbox"/> Annual <input type="checkbox"/> Other
Department:	Employee Number	Date of Employment

STANDARDS FOR SATISFACTORY PERFORMANCE	Satisfactory	Below Desired Standards	COMMENTS ON JOB PERFORMANCE: List specific examples of this employee's performance which help explain the rating. Below desired standards requires comment.
JOB ABILITY			
Knowledge of Work Use of Equipment Technical Skills Oral/Written Communications Analytical Ability			
QUALITY OF WORK PRODUCED			
Accuracy Neatness Thoroughness Organization			
VOLUME OF WORK PRODUCED			
Amount of Work Produced Speed Meeting Schedules Able to Work Under Pressure			
INTER-PERSONAL RELATIONS			
Attitude Toward Co-workers Attitude Toward Supervisor Attitude Toward Public Shown by Appearance/Words			
DEPENDABILITY			
Following Instructions Completing Assignments Using Judgement Attendance Observing Work Hours			
WORK ATTITUDE			
Following Rules Being Safety Minded Caring for Equipment Using Initiative			
SUPERVISORY ABILITY			
Planning and Scheduling Developing Employee Skills Encouraging Teamwork Evaluating Performance Discipline Getting the Job Done Being Cost Conscious			
OVERALL RATING			COMMENTS ON OVERALL PERFORMANCE

 Signature of Employee _____
 Date

BY MY SIGNATURE I ACKNOWLEDGE RECEIPT OF A COPY OF THIS DOCUMENT

 Signature of Dept. Head or Authorizing Official _____
 Date