



# CIVIL SERVICE EMPLOYEE PERFORMANCE EVALUATION

## PART I - ADMINISTRATIVE DATA

NAME	EMPLID	DATE OF HIRE	LAST PROMOTION
LOCATION		REASON FOR SUBMISSION	
PERIOD COVERED FROM (YYYY/MM/DD)	THRU (YYYY/MM/DD)	RATED MONTHS	DEPARTMENT
PHONE		EMPL EMAIL ADDRESS	

## PART II - AUTHENTICATION DATA

a. NAME OF RATER	TITLE	SIGNATURE	DATE
b. EMPLOYEE SIGNATURE			DATE

## PART III - JOB DESCRIPTION

a. JOB TITLE	b. EFFECTIVE DATE OF JOB DESCRIPTION	c. JOB CODE
d. JOB DESCRIPTION		

## PART IV - PERFORMANCE EVALUATION - PROFESSIONALISM (Rater) – VALUES

**VALUES:** Demonstrates behaviors and judgments. **(Comments mandatory for all "NO" entries.)**

- |  |     |    |
|--|-----|----|
| <b>1. SERVICE OVER SELF:</b> Places subordinates and organization mission before self in actions, behavior, judgments.                                     | YES | NO |
| <b>2. EMBRACE CHANGE:</b> Opens pathways to opportunity, operates comfortably in a contemporary, dynamic environment, challenges convention appropriately. | YES | NO |
| <b>3 COURAGE:</b> Endeavors where we may not otherwise go, confronts difficult situations; makes tough calls and stands by them.                           | YES | NO |
| <b>4. EXPECT EXCELLENCE IN ALL:</b> Sets high expectations for self and others; honors quality contributions of others.                                    | YES | NO |
| <b>5. LOVE, LIVE, LEARN:</b> Exhibits dignity and respect for all, seeks self-improvement, takes personal responsibility.                                  | YES | NO |

**VALUES COMMENTS BELOW:**

**PART V - COMPETENCY DEMONSTRATION**

(Refer to page 2 for Competency Measurements)

1. DEMONSTRATES TECHNICAL EXPERTISE WITH TECHNOLOGY USED AND WORK METHOD PRACTICES.

RATING:

2. DEMONSTRATES THE ABILITY TO PLAN, PRIORITIZE, AND ORGANIZE WORK AND MANAGE A BUDGET, PROJECT, OR PROGRAM.

RATING:

3. DEMONSTRATES EFFECTIVE COMMUNICATION SKILLS.

RATING:

4. DEMONSTRATES TEAMWORK AND LEADERSHIP ABILITY.

RATING:

5. DEMONSTRATES A COMMITMENT TO CUSTOMER SERVICE.

RATING:



## PART VII - PROFESSIONAL DEVELOPMENT

- a. FORMAL CLASSES OR TRAINING EMPLOYEE ATTENDED DURING RATING PERIOD
- b. PLANNED FORMAL TRAINING/ PROFESSIONAL DURING RATING PERIOD.

**WHEN COMPLETE, EMAIL THIS FORM TO THE REVIEWER (YOUR SUPERVISOR). THE REVIEWER WILL EITHER RETURN THE FORM TO YOU APPROVED, OR ASK YOU TO MAKE CHANGES. ONCE APPROVED, YOU MAY SCHEDULE THE PERFORMANCE EVALUATION WITH THE EMPLOYEE.**

**AFTER THE PERFORMANCE EVALUATION HAS BEEN COMPLETED, ATTACH THIS FORM IN AN EMAIL TO [HRPerf.Eval@spps.org](mailto:HRPerf.Eval@spps.org)**