



PERFORMANCE EVALUATION SUPPORT FORM

PART I – EMPLOYEE IDENTIFICATION

Name (Last, First, MI)

Employee I.D.

Title

Department

Rating Period

from

thru

Rated Months

PART II – RATING CHAIN

Rater Name (Last, First, MI)

Title

Intermediate Rater Name (Last, First, MI)

Title

PART III - VERIFICATION OF FACE-TO-FACE DISCUSSION

Mandatory rater / rated employee initial face-to-face counseling on goals and performance objectives, and responsibilities for the current rating period took place on:

Date

Employee Initials

Rater Initials

Rater / Follow-up-Face-to-Face Counseling:

Dates

Employee Initials

Rater Initials

PART IV - EMPLOYEE SIGNIFICANT DUTIES AND RESPONSIBILITIES

(Complete a. and b. below for this rating period).

a. **STATE YOUR SIGNIFICANT DUTIES AND RESPONSIBILITIES.**

b. **ORGANIZATIONAL PERFORMANCE MEASURES.**

Customer Service - Provide effective customer service by proactively giving our customers what they need.

Quality of work - Provide quality products and services the first time, every time, with efficient use of available resources.

Financial stewardship - Collaborative, responsible, effective, and efficient use of funds; cost control accountable to the taxpayers.

Employee satisfaction – Empowered, skilled, motivated, and valued employees working as a team.

Public perception – Displays a positive, confident, competent demeanor when dealing with the general public. Strives to provide efficient use of resources, customer satisfaction, and reduce conflicts and disputes.

GOALS AND PERFORMANCE OBJECTIVES

Describe the individual goals and performance objectives for the rating period.

Goal:

List your Performance Objectives for this goal.

Goal:

List your Performance Objectives for this goal.

Goal:

List your Performance Objectives for this goal.

