



# ANNUAL PERFORMANCE REVIEW

EMPLOYEE: \_\_\_\_\_ DEPT. \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_ TIME IN DEPT: \_\_\_\_\_  
 SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

*Recognizing that each department sets its own standards for their employees, please review each employee based on:*

**DS** – Performing at Department Standards Level

**B** – Performing Below Standard Level

**A** - Performing Above Standard Level

Place a  $\checkmark$  in the respective box.

<u>REVIEW FACTORS</u>	<b>B</b>	<b>DS</b>	<b>A</b>	<u>COMMENTS</u>
<b>PLANNING</b> – Ability to plan for immediate and long-range assignments. Sets realistic goals and timetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
<b>COOPERATION</b> – Extent to which employee cooperates with coworkers, management, and surrounding businesses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
<b>DEPENDABILITY</b> – Extent to which employee is trusted to carry out instructions. Exercises good judgment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
<b>QUALITY OF WORK</b> – Accuracy, neatness, thoroughness of work. Economy of time and materials. Care of equipment used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
<b>ATTITUDE</b> – Polite and courteous when handling both the public and coworkers. Maintains an even temper and attitude at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
<b>INITIATIVE</b> – Diligent work habits. Strong sense of responsibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
<b>ATTENDANCE</b> – Punctuality and overall attendance record. On the job completing assignments at the appointed time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
<b>VERSATILITY</b> –Resourceful in handing assignments and solving problems. Versatile in application of knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
<b>LEADERSHIP</b> – Inspires confidence, productivity, teamwork. Fair and consistent use of discipline if applicable. Displays a neat/ professional appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
<b>SAFETY AWARENESS</b> – Conscious of equipment and exercises safety habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____

Use this area to specify specific strengths or weaknesses this employee may have: \_\_\_\_\_

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**FUTURE GOALS & OBJECTIVES:** \_\_\_\_\_

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Indicate what actions employee should focus on to improve performance: \_\_\_\_\_

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**Next evaluation to be scheduled:** If specific weaknesses have been discussed, the department head and/or employee may request an interim performance review in:

- 3 Months       6 Months       9 Months       Annual Review

**Employee:**

*I have reviewed this report and have had an opportunity to discuss it with my supervisor. My signature does not necessarily mean that I agree with this report. I understand that this report will be placed in my personnel file.*

*I understand that I have 48 hours to respond in writing to any concerns that I any have regarding this review.*

\_\_\_\_\_  
**Signature – Employee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department Head**

\_\_\_\_\_  
**Date**

*Original:                  Personnel File*  
*Copy:                      Employee & Department Head*