

ANNUAL EMPLOYEE EVALUATION

Date of Evaluation: _____

Employee: David Campos
 Department: Admin
 Job Title: Office Manager
 Date of Hire: 7/1/16 Grade Level: 3

O	= Outstanding
EE	= Exceeds Expectations
ME	= Meets Expectations
NI	= Needs Improvement
U	= Unsatisfactory

PERFORMANCE RATINGS

Quality of Work Consider the quality and accuracy of work produced and the promptness with which it is completed.	O	EE	ME	NI	U
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Productivity Consider the ability to produce quantity of accepted work which meets district standards.	O	EE	ME	NI	U
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Knowledge of Job Consider the knowledge of present job, of other work closely related to it and of the equipment necessary to perform job functions.	O	EE	ME	NI	U
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Reliability and Dependability Consider the amount of supervision required, and job performance regarding timely completion and follow-up.	O	EE	ME	NI	U
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Attendance Consider overall attendance records, punctuality and observance of working hours.	O	EE	ME	NI	U
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Initiative Consider the extent to which new work assignments and additional duties are sought out when necessary.	O	EE	ME	NI	U
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Creativity Consider the ability to offer suggestions and propose new and creative ideas and solutions to working situations.	O	EE	ME	NI	U
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Working Relationships

Consider the willingness to work with and help others, the ability to accept constructive criticism, and cooperate with fellow employees and supervisors.

O	EE	ME	NI	U

Comments:

Communication

Consider ability to express self clearly both in writing and verbally.

O	EE	ME	NI	U

Comments:

Adherence to District Policies

Follows all district policies and procedures including safety policy.

O	EE	ME	NI	U

Comments:

OVERALL PERFORMANCE RATING

Supervisor's comments on overall performance evaluation:

O	EE	ME	NI	U

Specific steps employee must take to improve performance within specified time period:

Supervisor's Signature

Date

Manager's comments:

Manager's Signature

Date

Employee's comments:

Employee's Signature

Date