



PERFORMANCE PLANNING AND APPRAISAL FORM SEIU / NON-MANAGEMENT

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|--|--------------|------------|
| EMPLOYEE NAME: | ID: | |
| EVALUATION PERIOD (NO LONGER THAN 12-MONTHS): | FROM: | TO: |
| JOB CLASS TITLE: | | |
| DEPARTMENT/ SECTION/ UNIT: | | |

| PURPOSE OF EVALUATION | | |
|---------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Annual | <input type="checkbox"/> Probationary | <input type="checkbox"/> Special |

| PERFORMANCE RATINGS | | | |
|---|---------------------------------|-------------------------------|------------------------------|
| CRITICAL FACTORS <i>(check box which is most applicable)</i> | Exceeds Expectations | Meets Expectations | Needs Improvement |
| <u>JOB KNOWLEDGE</u> (Ability to perform job with average supervision; knowledge and well-skilled in entire job area) | | | |
| <u>QUALITY OF WORK</u> (Accuracy, Precision, Effectiveness) | | | |
| <u>CUSTOMER SERVICE</u> (Demonstrates respect, finds appropriate solutions, delivers customer service excellence to internal and external customers) | | | |
| <u>JUDGMENT</u> (Makes sound operational decisions) | | | |
| <u>INITIATIVE</u> (Takes initiative to problem solve, ownership, self-reliance, self-improvement) | | | |
| <u>WORK HABITS AND ATTITUDE</u> (Demonstrates proper conduct; demonstrates organization and interest; can work collaboratively in the accomplishment of goals; maintains a positive attitude) | | | |
| <u>OVERALL PERFORMANCE RATING</u> (Support rating with facts in Supervisor Comment Section) | | | |

SUPERVISOR COMMENT SECTION:

(Substantiate Exceeds Expectations or Needs Improvement ratings here. Make sure to capture counseling/corrective action that occurred during the rating period, including attendance/punctuality concerns captured through the corrective action/disciplinary process. Include positive and constructive feedback here, for example recognition received.)

PERFORMANCE PLANNING – GOALS AND OBJECTIVES

To be completed with both the employee and evaluator.

1. LIST THOSE GOALS AND OBJECTIVES TO BE CARRIED FORWARD DUE TO THEIR BEING ON-GOING OR NOT ACCOMPLISHED

2. NEW GOALS OR OBJECTIVES (REVIEW DEPARTMENTS OBJECTIVES AND CONSIDER INCORPORATING THESE OBJECTIVES IN THIS SECTION)

3. PROFESSIONAL DEVELOPMENT OPPORTUNITIES

ATTACH ADDITIONAL PAGE(S) IF NECESSARY

EMPLOYEE SUBMITTED SELF-APPRAISAL: Yes () No ()

ATTACH SELF-APPRAISAL TO THIS EVALUATION FORM.

SIGNATURES

Supervisor Signature

Date

Division Manager Signature (if applicable)

Date

Department Head Signature

Date

I certify that my supervisor has reviewed this report with me and given me an opportunity to ask questions on all phases of this report. My signature does not necessarily indicate my concurrence with this evaluation. Note: Employees may provide and attach written documents to this evaluation.

() Agree with evaluation

() Disagree with evaluation

Employee Signature

Date

EMPLOYEE COMMENTS (OPTIONAL)

ATTACH ADDITIONAL PAGE(S) IF NECESSARY