CHAMBERS COUNTY

EMPLOYEE PERFORMANCE EVALUATION SHORT FORM (9-11)

EMPLOYEE'S NAME _____ DEPARTMENT _____

JOB TITLE _____ Type of Review ☐ ANNUAL ☐ OTHER

Time in Current Job _____ Time with Chambers County _____

DATE _____ PERIOD OF REVIEW From _____ TO _____

Evaluator _____ Time Evaluator has Supervised Employee _____

Has Evaluator reviewed Job Description for this position? ☐ ***YES*** ☐ ***NO***

Has Evaluator reviewed previous performance evaluation on this employee? ☐ ***YES*** ☐ ***NO***

Has Evaluator reviewed Self-Evaluation on this employee? ☐ ***YES*** ☐ ***NO***

PERFORMANCE RATING
(Check the appropriate box)

SPECIFIC JOB PERFORMANCE FACTORS	U	NI	ME	EE	O	NA	COMMENTS
1. Observes regular attendance guidelines and work hours	☐	☐	☐	☐	☐	☐	
2. Accepts responsibility willingly	☐	☐	☐	☐	☐	☐	
3. Adapts well to new assignments	☐	☐	☐	☐	☐	☐	
4. Communicates well orally	☐	☐	☐	☐	☐	☐	
5. Completes acceptable volume of work	☐	☐	☐	☐	☐	☐	
6. Completes work assignments on time, accurately, neatly, and thoroughly	☐	☐	☐	☐	☐	☐	
7. Responds courteously to the public	☐	☐	☐	☐	☐	☐	
8. Communicates effectively in writing	☐	☐	☐	☐	☐	☐	
9. Identifies and resolves problems	☐	☐	☐	☐	☐	☐	
10. Keeps supervisor informed of work status	☐	☐	☐	☐	☐	☐	
11. Keeps work area neat	☐	☐	☐	☐	☐	☐	
12. Makes sound decisions and judgments	☐	☐	☐	☐	☐	☐	
13. Accepts and responds to supervisor's instructions	☐	☐	☐	☐	☐	☐	
14. Observes safety rules and procedures	☐	☐	☐	☐	☐	☐	

U- Unsatisfactory NI – needs Improvement ME – Meets Expectations EE – Exceeds Expectations O – Outstanding NA – Not applicable

SPECIFIC JOB PERFORMANCE FACTORS	U	NI	ME	EE	O	NA	COMMENTS
15. Performs well under stress	☐	☐	☐	☐	☐	☐	
16. Relates to and works well with co-workers	☐	☐	☐	☐	☐	☐	
17. Responds well to feedback and constructive criticism	☐	☐	☐	☐	☐	☐	
18. Uses time and materials resourcefully	☐	☐	☐	☐	☐	☐	
19. Performs job duties in compliance with standard departmental procedures	☐	☐	☐	☐	☐	☐	
20. Operates equipment furnished efficiently and effectively	☐	☐	☐	☐	☐	☐	

U- Unsatisfactory NI – Needs Improvement ME – Meets Expectations EE – Exceeds Expectations O – Outstanding NA – Not applicable

Specific comments on this employee's performance of the job duties listed on the attached job description:

_____

_____

EVALUATION REVIEWED WITH EMPLOYEE? ☐ YES ☐ NO

Employee's Comments: _____

_____

_____

Employee's Signature: _____ Date: _____

Evaluator's Comments: _____

_____

_____

_____

Evaluator's Signature: _____ Date: _____

Reviewer's Comments on any Outstanding or Unsatisfactory Ratings: _____

_____

_____

_____

Reviewer's Signature: Date:

Performance Improvement Plans: _____

_____

_____

_____

Comments
(Please note which **Specific Job Performance Factor** you are commenting on)