



PERFORMANCE EVALUATION FORM

1000 JOBS in 1000 DAYS



Business/Individual: _____

Employee's Name: _____

Job Title: _____

Supervisor's Name: _____ **Position:** _____

Review Period: **From:** _____ **To:** _____

Please evaluate the employee's job performance by checking the appropriate box next to the each attribute based on the following scale:

U=Unsatisfactory; **NI**=Needs Improvement; **S**=Satisfactory; **AA**=Above Average; **E**=Excellent; **NA**=Not Applicable

ATTRIBUTE TO BE EVALUATED	U	NI	S	AA	E	NA
Quantity of work <i>(extent to which the employee meets job requirements on a timely basis)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work <i>(extent to which the employee's work is thorough and accurate)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of job <i>(extent to which the employee knows and demonstrates all phases of assigned work)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with others <i>(extent to which the employee gets along well with others; responds positively to direction and adapts well to changes; shows tact, courtesy and effectiveness in dealing with others)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement <i>(extent to which the employee makes sound job-related decisions, develops alternative solutions and recommendations and selects proper course of action; understands impact of decisions and actions)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance, reliability and dependability <i>(extent to which the employee is not absent and contacts supervisor concerning absences on a timely basis; can be depended upon to be available for work; assumes responsibilities and ensures tasks are followed to completion)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning and organizational effectiveness <i>(extent to which the employee meets deadlines, manages resources, and effectively balances tasks and priorities)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication <i>(extent to which the employee effectively conveys information and ideas to others; clarity of oral and written communications)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and creativity <i>(extent to which the employee is self-directed, resourceful and creative in meeting job objectives; follows through on assignments; initiates or modifies ideas, methods or procedures to meet changing circumstances or needs)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory ability (if applicable) <i>(extent to which the employee applies sound practices in executing his/her supervisory responsibilities; demonstrates skill in arousing interest and enthusiasm in subordinates; effectively selects and develops personnel)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISOR'S PERFORMANCE SUMMARY

What can the employee do to be more effective or make improvements?

What additional training would benefit the employee?

How can the Department of Labour and Workforce Development assist the employee?

Comments:

EMPLOYEE'S PERFORMANCE SUMMARY

The employee was provided a Statement of Working Conditions, including a job description, prior to this evaluation. I have reviewed applicable work rules and completed and discussed this performance evaluation with the employee.

Supervisor's Signature

Date

I have reviewed this document with my supervisor. My signature indicates that I have completed discussions, but does not necessarily imply my agreement. Any areas of disagreement are noted in my comments (or in the attached document). I understand that I am entitled to receive a copy of this form and attachments with all required signatures.

Employee's Signature

Date