

Management Supervisory  
Captain  
Lieutenant  
Training

CITY OF JOHNSON CITY  
PERFORMANCE EVALUATION

NAME

Employee #

Evaluation Date:

Position:

Review Period: From \_\_\_\_\_ To \_\_\_\_\_

**INTRODUCTION:** This evaluation was developed to assist the supervisor in evaluating the employee's performance for the most recent review period.

**OBJECTIVE:** The performance evaluation program for employees of the City of Johnson City is designed to:

1. Improve the overall quality of service rendered by the City of Johnson City,
2. Motivate and guide employees toward greater self-development and improved performance by discussing significant strengths and areas needing improvement in a positive constructive manner.
3. Provide a uniform means for supervisors to make merit pay determinations based upon their assessment of employee performance in relation to performance standards.
4. Provide a means for evaluating employee suitability for continuation of employment beyond the probationary period and for job transfer and promotions.
5. Identify training needs.
6. Provide substantiating data for use as a guide to record employee progress.

Compare the performance of the employee being rated against the expectations listed for each factor. Use the scale below to select the term that best indicates your evaluation of the individual's performance.

**Outstanding** - Employee consistently demonstrates competency that is superior to the job expectation. Employee is considered outstanding among his/her peers and is a positive role model. Work results and behavior are exceptional and valuable to the organization.

**Exceeds Expectation** - Employee demonstrates competency that consistently meets and sometimes exceeds the job expectation. Employee is respected among his/her peers. Performance at this level provides a valuable contribution.

**Meets Expectation** – Employee demonstrates full competency that consistently meets the job expectation. Performance at this level provides a satisfactory contribution.

**Needs Improvement** - Employee needs to improve performance in order to develop competency to meet the requirements of the current position. Employee's performance may have a negative impact on the operation of the work unit/department. Employee has performed some duties successfully. Work is occasionally inadequate, late or poor quality. Performance clearly leaves room for improvement. The employee may be placed on six month probation as deemed appropriate by the supervisor.

**Unacceptable** – Employee needs to develop competency to meet the requirements of the current position. Employee's performance has a negative impact on the operation of the work unit/department. The employee is either unwilling or unable to meet acceptable job expectations. Work is frequently inadequate, late or poor quality. Performance leaves substantial room for improvement. A development plan needs to be established in order to provide platforms for demonstrating willingness and competency. The employee shall be placed on six month probation. A probationary evaluation form will be completed and reviewed with the employee by the supervisor on third and sixth month of probation.

## **SECTION A – PERFORMANCE REVIEW**

Rate the performance expectations under each factor as either:

- O Outstanding
- EE Exceeds Expectation
- ME Meets Expectation
- NI Needs Improvement
- U Unacceptable

Narrative explanations are required for each factor area, and specific performance examples are required for all ratings of O, NI, and U. See page 1 for definitions of O, EE, ME, NI, and U.

### **FACTOR I – Attendance and Punctuality**

**NOTE: On this factor only, the rating is either ME (Meets Expectation) or U (Unacceptable)**

- \_\_\_\_\_ 1. Is knowledgeable and compliant of rules concerning working hours.
- \_\_\_\_\_ 2. Abides by sick leave policy and is not abusive of sick leave.
- \_\_\_\_\_ 3. Adheres to departmental dress or uniform code.

### **FACTOR II – Quality & Quantity of Work (Refers to how well the assigned duties are performed)**

- \_\_\_\_\_ 1. Work is accurate, prompt and measured.
- \_\_\_\_\_ 2. Completes job assignments thoroughly and completely.
- \_\_\_\_\_ 3. Record keeping is efficient and effective.
- \_\_\_\_\_ 4. Meets workload requirements on schedule.

### **FACTOR III – Knowledge and Attitude of Job**

- \_\_\_\_\_ 1. Supports management decisions as demonstrated by his/her actions.
- \_\_\_\_\_ 2. Consistently operates outside of own self-interests.
- \_\_\_\_\_ 3. Displays a positive attitude by responding to instructions.
- \_\_\_\_\_ 4. Acquires and applies administrative, professional and technical skills.
- \_\_\_\_\_ 5. Identifies and uses methods to increase work productivity and efficiency.

**FACTOR IV – Interpersonal Relationships**

- \_\_\_\_\_ 1. Is courteous and respectful when dealing with the public.
- \_\_\_\_\_ 2. Helps others and responds to their request in a timely, accurate and complete manner.
- \_\_\_\_\_ 3. Maintains good relations with supervision, and other employees.
- \_\_\_\_\_ 4. Verbally communicates in a clear and professional manner.
- \_\_\_\_\_ 5. Displays patience and control when confronted with stressful situations.

**FACTOR V – Management and Leadership Abilities**

- \_\_\_\_\_ 1. Ensures that persons demonstrate appropriate appearance and conduct.
- \_\_\_\_\_ 2. Is fair and equitable in taking disciplinary action when necessary and is consistent with City and departmental policies and procedures.
- \_\_\_\_\_ 3. Has the ability to define, monitor and implement goals set by the department.
- \_\_\_\_\_ 4. Effectively uses the performance evaluation process as a positive management tool.
- \_\_\_\_\_ 5. Demonstrates the ability to motivate employees to achieve specific tasks.
- \_\_\_\_\_ 6. Makes sure plans and strategies are carried out.
- \_\_\_\_\_ 7. Demonstrates reliability under normal and ever-changing circumstances.

**FACTOR VI – Decision Making**

- \_\_\_\_\_ 1. Acts on and makes timely decisions with the City's best interest.
- \_\_\_\_\_ 2. Delegates decision making authority to appropriate and capable level.
- \_\_\_\_\_ 3. Implements decisions and initiates action within a reasonable time manner.
- \_\_\_\_\_ 4. Includes others in the decision making process as warranted to obtain good, professional and legal information.
- \_\_\_\_\_ 5. Analyzes and considers alternatives before making decisions.
- \_\_\_\_\_ 6. Anticipates and makes decisions in preparing for unexpected activities.

**FACTOR VII – Safety Responsibility**

- \_\_\_\_\_ 1. Follows and enforces policies and procedures regarding employee health and safety.
- \_\_\_\_\_ 2. Encourages staff to report safety hazards and make suggestions to ensure a safe working environment.
- \_\_\_\_\_ 3. Works safely and encourages staff to do the same.
- \_\_\_\_\_ 4. Acts promptly to correct safety hazards.
- \_\_\_\_\_ 5. Employee and staff completed all annual required training.
- \_\_\_\_\_ 6. Operates and maintains equipment and facility/work resources with efficiency and care and requires the same of staff.
- \_\_\_\_\_ 7. Wears personal protection equipment when needed and requires the use of PPE by staff.

**Section B – Performance Expectation Plan Current Year Objectives**

In the space provided, mark the appropriate rating with an “x”. Specify Objectives from the current review period and consider to what extent they were achieved or fulfilled. Explain any change to objectives that occurred during the year and make sure you identify all factors that caused the goal to be met or not to be met.

**Objective #1:**

Rating:

- Outstanding
- Exceeds Expectation
- Meets Expectation
- Needs Improvement
- Unacceptable

Comments:

**Objective #2:**

Rating:

- Outstanding
- Exceeds Expectation
- Meets Expectation
- Needs Improvement
- Unacceptable

Comments:

**Objective #3:**

Rating:

- Outstanding
- Exceeds Expectation
- Meets Expectation
- Needs Improvement
- Unacceptable

Comments:

**Performance Expectation Plan Next Year Objectives**

Use the following section to record major accountabilities and goals for the next review period. In the space provided, specify the objectives and describe how to measure whether they are achieved. The objective should clearly describe what, when, how much, and how well. Objectives should reflect performance expectations over a 12-month period.

**Write SMART:** specific, measurable, attainable, realistic and timely.

**Objective #1:**

**Measurement of objective achievement:** such as quantity, quality, cost, level of skill required and time frames.

**Objective #2:**

**Measurement of objective achievement:** such as quantity, quality, cost, level of skill required and time frames.

**Objective #3:**

**Measurement of objective achievement:** such as quantity, quality, cost, level of skill required and time frames.

**SUPERVISOR OR EMPLOYEE COMMENTS:**

**SECTION C – PERFORMANCE RATING AND CERTIFICATION**

CHECK ONE OF THE FOLLOWING:

- OUTSTANDING
- EXCEEDS EXPECTATION
- MEETS EXPECTATION
- NEEDS IMPROVEMENT
- UNACCEPTABLE

**Certification of Evaluation** – I certify that this review constitutes my best judgment of the job performance of this employee and is based on personal knowledge of his/her work.

Signature of Evaluator \_\_\_\_\_ Date \_\_\_\_\_

**Review by Division Head** – I certify that I have carefully reviewed the evaluation and informed the evaluator of any inconsistencies/errors noted and/or lack of required documentation as given on this form. I understand that if I do not agree with the rating I will state my disagreement in the comment section.

Concurrence \_\_\_\_\_ Signature of Division Head \_\_\_\_\_ Date \_\_\_\_\_

**Review by Department Head** – I certify that I have carefully reviewed the evaluation and informed the evaluator of any inconsistencies/errors noted and/or lack of required documentation as given on this form. I understand that if I do not agree with the rating I will state my disagreement in the comment section.

Concurrence \_\_\_\_\_ Signature of Division Head \_\_\_\_\_ Date \_\_\_\_\_

**Review by Employee** – I certify that I have reviewed this performance evaluation and it has been discussed with me. If I disagree with the evaluation, I will use the comment section to state my concern.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

ADDITIONAL COMMENTS: