

**City of Johnson City  
Employee Performance Review**

**Choose One:          Annual          Probationary**

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

Employee \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_ Department \_\_\_\_\_

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**Score the performance in each job factor below on the scale as follows:**

**3 = EXCEEDS EXPECTATIONS:** 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.

**2 = MEETS EXPECTATIONS:** Employee consistently meets and occasionally exceeds this job factor expectation. Employee is respected among his/her peers. Performance at this level provides a valuable contribution.

**1 = NEEDS IMPROVEMENT:** Employee consistently fails to meet this job factor expectation.

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**SECTION 1: Conformance to Policies, Procedures, and Regulations**

*Knowledgeable and observant of policies and procedures. Exercises good judgement in performance of job duties, use, and care of equipment and supplies. Has not received any disciplinary action in relation to violation(s) of City policy.*

Comments: \_\_\_\_\_ **Score:** \_\_\_\_\_

**SECTION 2: Initiative and Dependability**

*Anticipates and makes decisions to assist supervisor in preparing for unexpected activities. Assists co-workers without being asked. Demonstrates reliability under normal and ever-changing circumstances. Shows initiative to identify problems or needed tasks and works to solve or carry out without being asked. Has a good attendance record and is punctual.*

Comments: \_\_\_\_\_ **Score:** \_\_\_\_\_

**SECTION 3: Quality and Quantity of Work**

*Approaches his/her work in a skillful manner, per job requirements. Completes job assignments with expected supervision. Identifies and uses methods to increase job productivity and efficiency. Follows proper procedures for each job to ensure reliability and validity of assigned tasks. Is prompt and consistent with work achieved.*

*Meets workload requirements on schedule. Demonstrates ability to meet deadlines for daily work and long-term projects, per job requirements. Work is accurate, neat, thorough and with minimal error, per job requirements.*

Comments:

Score: \_\_\_\_\_

**SECTION 4: Knowledge and Attitude Toward Job**

*Understands the basic principles and theories of his/her job. Acquires, understands, and applies administrative, technical and professional information and skills when available, per job requirements.*

*Always considers City's best interests. Demonstrates loyalty to the City through words and actions. Displays a positive attitude as demonstrated by his/her words and actions. Employee is proficient with the equipment and tools supplied to complete their job. Supports management decisions as demonstrated by his/her actions. Supports organizational goals.*

Comments:

Score: \_\_\_\_\_

**SECTION 5: Safety Consciousness**

*Follows all safety instructions and guidelines. Ensures equipment, supplies and tools are used and stored properly. Follows departmental preventative maintenance and service practices. Operates and maintains equipment and facility/work resources with efficiency and care. Organizes vehicle or work area at the end of each day without being asked. Reports safety hazards and makes suggestions to ensure a safe working environment. Wears personal protection equipment when needed, per job requirements. Works safely and encourages co-workers to do the same, per job requirements.*

Comments:

Score: \_\_\_\_\_

**SECTION 6: Interpersonal Relationships**

*Works well with co-workers and supervisors. Helps others and responds to their requests in a timely, accurate, and complete manner. Is courteous and respectful when dealing with the public. Listens attentively before responding when communicating with others. Verbally communicates in a clear and professional manner. Displays patience and control when confronted with stressful situations.*

Comments:

Score: \_\_\_\_\_

**Overall Score** (Add all scores and divide by 6) \_\_\_\_\_

**An overall score of 1.5 or below:**

1. The employee will be placed on a six month probation. No promotions or pay increases will be approved until the probationary period is exhausted and the employee receives a recommendation from the Supervisor. Any pay increases will be effective on the next payroll cycle following the probationary period end date. There will be no retro-active pay increases allowed.
2. A job performance improvement plan (PIP) is required, and shall be completed and reviewed with the employee by the supervisor on third and sixth month of probation. A copy of the PIP as well as a recommendation from the Supervisor shall be sent to HR in order to end the probationary period.

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**Previous Review Period Goals and Objectives/Development:**

Goal/Objective/Development Opportunity	% Complete	Comments

**Overall Reviewer Comments on Review:**

**Goals and Objectives/Development for next review period:** (Ensure goals and objectives are S.M.A.R.T.)

Goal/Objective/Development Opportunity	Complete by (Date)	How this will be accomplished	Comments

**Signatures:**

**Reviewer:** 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.

Reviewer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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 below.

Division Head Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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 below.

Department Head Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Employee:** 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 below.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_