Performance Management Review

Name:				Position:				
Department:		Supervisor:			Date:			
Reason for Review:	☐ Probationary / A	-	□ Annual F	Poviow		□ No		
		ppi aisai						
30 day	60 day		90 (aay	5 months	Other:		
Performance Rating Scale								
1 – Exemplary 3 – Solid, Meets expectations 5 – Unac 2 – Regularly Exceeds Expectations 4 – Needs Development N/A – N								
2 – Regularly Exceeds Expectations 4 – Needs Develop					opment N/A – Not Applicable N/E – New Employee			
<u>Competencies Rating (optional)</u> <u>Comments</u>								
Customer								
Service ability								
Conflict								
Resolution skills								
Positive approach								
Presentation								
Dependability/ Reliability								
Technical Skills								
& Knowledge								
Quality								
of Work								
Quantity								
of Work								
Flexibility /								
Adaptability								
Initiative /								
Work Ethic								
Communication								
(spoken/written)								
Innovation /								
Creativity								
Problem-Solving Ability								
Team Player								
Coach / Mentor /								
Leadership								
Achieves								
Goals/ Results								
Judgement/								
Decision making								
Planning /								
Organization								
Safety – Practices								
& leadership								
Completes								
Perform. Reviews								

Note: Please attach additional page(s), if necessary.

<u>1</u>	Rating (#)	<u>Comments</u>	
Core Job Functions			
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Current Projects			
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New Projects Plan			
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•			
Career Development C	Comments		
Supervisor's Summary	Comments, (opti	ional)	
Employee's Summary	Comments, (optio	onal)	
Companie auto Cione		* Employee's Characteria	David Hill List? 1
Supervisor's Signature		* Employee's Signature	Dept. Hd. Initials

* Employee's Signature * Employee's Signature * Employee's Signature does not necessarily indicate agreement with all areas of the review.