

Date:	_____
Employee's Name:	_____
Title:	_____
Supervisor:	_____
Review Period:	_____

## Performance Review Form

### A. PERFORMANCE ASSESSMENT

1. **Evaluate and discuss the employee's job performance.** Base your evaluation upon the position requirements, achievement of the goals established during the previous review and your assessment of the employee's performance during the evaluation period.

Click here to enter text.

2. **Are there examples of significant performance that should be particularly noted?** Provide specific examples.

Click here to enter text.

3. **Are there areas of performance needing more attention or improvement?** Provide specific examples.

Click here to enter text.

4. **State and discuss the expectations and goals for the upcoming review period.** Goals should be S.M.A.R.T. (Specific, Measurable, Achievable, Results-Focused and Time Bound). Give examples of how these goals can be met (e.g., training). How will you support the employee to accomplish these goals?

Click here to enter text.

### B. OVERALL ASSESSMENT

Use this section to provide an overall rating of the employee as it relates to the expectations of the department and the City. Employees receiving a "Does Not Meet Expectations" rating should also be given a Performance Improvement Plan.

Choose an item.

### C. EMPLOYEE COMMENTS (Encouraged)

The employee may comment on the performance review in the space provided below or on a separate sheet if necessary.

**Please sign below to acknowledge that you have received this document. Your signature indicates that you have received and reviewed the performance review, but not necessarily that you agree with the content.**

Employee's Signature: \_\_\_\_\_

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

<b>Supervisor's Signature:</b>	_____	<b>Date:</b>	_____
<b>Department Director's Signature:</b>	_____	<b>Date:</b>	_____