

**City of Springdale
Public Works Department**

Employee Performance Review

Employee: _____

Position: _____

Supervisor: _____

Anniversary Date: _____

Interview Date: _____

Performance Ratings

Outstanding	Performance is exceptional in all areas and is recognizable as being far superior.
Very Good	Results clearly exceed most position requirements. Performance is of high quality and is achieved on a consistent basis.
Good	Competent and dependable level of performance. Meets the standards of the job.
Improvement Needed	Performance is deficient in certain areas. Development is necessary.
Unsatisfactory	Results are generally unacceptable and require immediate improvement.
Not Rated	Category not applicable to position.

Performance Categories

1. **Quality of Work** *The accuracy, thoroughness and acceptability of work performed.*

Rating:

2. **Productivity** *The quantity and efficiency of work.*

Rating:

3. **Job Knowledge** *The practical/technical skills and information used on the job.*

Rating:

4. **Reliability** *The extent to which an employee can be trusted regarding task completion and follow up*

Rating:

5. **Judgment** *The quality of decision making, planning and logical thought.*

Rating:

6. **Availability** *The overall attendance record, punctuality and compliance with prescribed work breaks*

Rating:

7. **Adaptability** *The ability to adjust to change, new duties and willingness to learn new tasks.*

Rating:

8. **Initiative** *The level of motivation and interest in work and suggestions for improvement.*

Rating:

9. **Professionalism** *The quality of communication, appearance, and courtesy.*

Rating:

10. **Safety** *The extent to which an employee complies with standards and reports problems.*

Rating:

11. **Cooperation** *The ability to work productively with others and maintain respectful and courteous relations.*

Rating:

12. **Independence** *The extent of work performed with little or no supervision*

Rating:

Summary of Overall Performance

Signatures

This report is based on my observation and knowledge of both the employee and the job.

_____ Date _____
Supervisor

My Signature indicates that I have reviewed this appraisal. It does not mean I agree with the results.

_____ Date _____
Employee

Comments/Goals/Questions: