

# REPORT OF PERFORMANCE EVALUATION CITY OF AUBURN, NEW YORK

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Dept: \_\_\_\_\_ Period from \_\_\_\_\_ to \_\_\_\_\_

**MARK SPACES AT LEFT  
USING DROP DOWN:**

"+" for Strong  
"S" for Satisfactory  
"-" for Weak  
"N" for Not Rated

**RATE  
EACH  
FACTOR:**

Unsatisfactory	Needs Improvement	Competent	Outstanding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ATTENTION REPORTING SUPERVISOR:**

*Use the space below to describe Employee's strengths and weaknesses. Give examples of work well done as well as when deficient. Give plans for improving performance. Overall ratings of "Outstanding," "Unsatisfactory," and "Improvement Needed" must be substantiated hereon by written comments and examples.*

**QUALITY OF WORK:**

- Accuracy
- Neatness of work product
- Thoroughness
- Oral Expression
- Written Expression

**-COMMENTS-**

**QUANTITY OF WORK:**

- Production of volume of acceptable quality
- Completion of work on schedule

**WORK HABITS:**

- Observance of work hours
- Observance of rules and regulations
- Observance of safety rules
- Compliance with work instructions
- Orderliness in work
- Application to duties
- Attendance

**WORK INTERESTS:**

- Attitude toward work
- Enthusiasm
- Increase in knowledge of job

**RELATIONSHIPS WITH PEOPLE:**

- Consider tact, courtesy, self control, patience, loyalty, discretion and the like.**
- Colleagues, subordinates, superiors
  - Meeting and handling the public

**RESOURCEFULNESS AND INITIATIVE:**

- Performance in new situations
- Performance in emergencies
- Performance with minimum instruction

**SUPPLEMENTAL FACTORS**

- \_\_\_\_\_
- \_\_\_\_\_

***AREAS IN NEED OF IMPROVEMENT / PLAN FOR IMPROVEMENT***

<b>Overall Rating</b>	Outstanding	<input type="checkbox"/>	Improvement Needed	<input type="checkbox"/>
	Competent	<input type="checkbox"/>	Unsatisfactory	<input type="checkbox"/>

This report is based on my observation and/or knowledge. It represents my objective evaluation of the employee's work performance.

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

The above report has been reviewed by me.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
City Manager