



PERFORMANCE EVALUATION/PLANNING FORM

Name _____ Job Title _____

Department _____ Period covered this review _____ to _____

Supervisor's Name/Title _____

Type of performance planning conference: Probation (6mo review) _____ Probation (final review) _____ Annual _____

This Performance Planning form is intended to enhance communications between supervisor and employee, and to expand the employee's skills and identify areas where growth can be accomplished. Additional pages may be added to any section.

After Section A is completed by the Supervisor, and Sections B and C are completed by the employee, the supervisor and employee meet to discuss the review. After the review the employee and/or Supervisor may add additional comments. The completed copies and additional comments, if any, are forwarded to Human Resources Department.

Front Page Recommendation Supervisor's recommendation for merit Increase.

Section A (to be completed by supervisor): Citywide standards and job-specific skills/knowledge

Section B (to be completed by employee): Employee's self-evaluation, action plan for the next review period (to be Finalized with the supervisor), and career goals

Section C (to be completed by employee): Employee feedback for the supervisor

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Merit Increase (up to a maximum of 5%) Recommended % _____ Not Recommended _____

Dept. Director's Signature _____ Date _____

HUMAN RESOURCES / PAYROLL USE ONLY

Human Resources Review _____ Date _____

Current Monthly Salary: \$ _____ New Monthly Salary: \$ _____ Effective Date: _____

Section A

CITY OF ISSAQUAH EMPLOYEE PERFORMANCE PLANNING
Citywide standards and job-specific skills/knowledge

Directions to the Supervisor: In each category, check the appropriate box. In the spaces provided, summarize any related issues that were addressed in the current performance period, and/or state what behaviors need to change for the employee to meet expectations.

1. Teamwork: _____ Meets or exceeds expectations _____ Needs Improvement

Comments: _____

2. Attendance/Dependability: _____ Meets or exceeds expectations _____ Needs Improvement

Comments: _____

3. Public Service/Public Image: _____ Meets or exceeds expectations _____ Needs Improvement

Comments: _____

4. Initiative/Creativity: _____ Meets or exceeds expectations _____ Needs Improvement

Comments: _____

5. Quality and Quantity of Work: _____ Meets or exceeds expectations _____ Needs Improvement

Comments: _____

6. Adaptability: _____ Meets or exceeds expectations _____ Needs Improvement

Comments: _____

7. Job-Specific Skills/Knowledge: _____ Meets or exceeds expectations _____ Needs Improvement

Comments: _____

8. Overall Performance: _____ Meets or exceeds expectations _____ Needs Improvement

Comments: _____

9. Additional Comments (if any): _____

Section B

CITY OF ISSAQUAH EMPLOYEE PERFORMANCE PLANNING Employee's self-evaluation, action plan for the next review period, career goals, and employee feedback for the supervisor

Directions to the Employee: Complete items 1 through 4, keeping in mind that this form will be reviewed and finalized with your supervisor.

1. Describe your best performances, achievements, and successes, and/or positive contributions to the City.

Supervisor's comments:

2. Describe any performance areas in which you would like to improve.

Supervisor's comments:

3. Either below, or with the attached action Plan form, describe your goals for the next performance-planning period.

4. Describe your career objectives (optional).

5. Other comments (if any).

Section C

CITY OF ISSAQUAH EMPLOYEE PERFORMANCE PLANNING Employee Feedback for Supervisor

Name of Supervisor: _____ Date: _____

Your perceptions and feedback will provide useful information for your supervisor and can serve as a basis for open discussion.

- | 1. COMMUNICATION | Meets or Exceeds
<u>Expectations</u> | Needs
<u>Improvement</u> |
|---|---|-----------------------------|
| Provides clear expectations | | |
| Mentors/coaches regularly & unselfishly | | |
| Provides timely feedback | | |
| Shares relevant information | | |
| Has good listening skills | | |
| Is responsive to concerns/request | | |
-
- | 2. LEADERSHIP | Meets or Exceeds
<u>Expectations</u> | Needs
<u>Improvement</u> |
|--|---|-----------------------------|
| Sets professional example | | |
| Delegates appropriately | | |
| Assists with problem solving | | |
| Provides adequate training | | |
| Provides necessary resources | | |
| Exhibits fairness and trust | | |
| Gives credit where it's due | | |
| Acts with integrity | | |
| Treats others as significant | | |
| Willing to take personal risks for organization's sake | | |
-
3. What does your supervisor do that is helpful to you?
 4. What does your supervisor do that needs to change or be improved?
 5. What changes in working conditions, supervision, or procedures would you like to see occur?
 6. General Comments (use reverse side or additional pages if needed):

Employee's Signature _____

