

**City of Lenoir City
Employee Evaluation Form**

I. EMPLOYEE INFORMATION	
Employee Name	Job Title
Supervisor/Reviewer	Review Period From: / / To: / /

II. CORE VALUES AND OBJECTIVES		
PERFORMANCE CATEGORY	RATING	COMMENTS AND EXAMPLES
Quality of Work: <i>Work is completed accurately (few or no errors), efficiently and within deadlines with minimal supervision</i>	<input type="checkbox"/> Exceeds expectations <input type="checkbox"/> Meets expectations <input type="checkbox"/> Needs improvement <input type="checkbox"/> Unacceptable	
Attendance & Punctuality: <i>Reports for work on time, provides advance notice of need for absence</i>	<input type="checkbox"/> Exceeds expectations <input type="checkbox"/> Meets expectations <input type="checkbox"/> Needs improvement <input type="checkbox"/> Unacceptable	
Reliability/Dependability: <i>Consistently performs at a high level; manages time and workload effectively to meet responsibilities</i>	<input type="checkbox"/> Exceeds expectations <input type="checkbox"/> Meets expectations <input type="checkbox"/> Needs improvement <input type="checkbox"/> Unacceptable	
Communication Skills: <i>Written and oral communications are clear, organized and effective; listens and comprehends well</i>	<input type="checkbox"/> Exceeds expectations <input type="checkbox"/> Meets expectations <input type="checkbox"/> Needs improvement <input type="checkbox"/> Unacceptable	
Judgment & Decision-Making: <i>Makes thoughtful, well-reasoned decisions; exercises good judgment, resourcefulness and creativity in problem-solving</i>	<input type="checkbox"/> Exceeds expectations <input type="checkbox"/> Meets expectations <input type="checkbox"/> Needs improvement <input type="checkbox"/> Unacceptable	
Initiative & Flexibility: <i>Demonstrates initiative, often seeking out additional responsibility; identifies problems and solutions; thrives on new challenges and adjusts to unexpected changes</i>	<input type="checkbox"/> Exceeds expectations <input type="checkbox"/> Meets expectations <input type="checkbox"/> Needs improvement <input type="checkbox"/> Unacceptable	
Cooperation & Teamwork: <i>Respectful of colleagues when working with others and makes valuable contributions to help the group achieve its goals</i>	<input type="checkbox"/> Exceeds expectations <input type="checkbox"/> Meets expectations <input type="checkbox"/> Needs improvement <input type="checkbox"/> Unacceptable	

III. JOB-SPECIFIC PERFORMANCE CRITERIA

PERFORMANCE CATEGORY	RATING	COMMENTS AND EXAMPLES
Knowledge of Position: <i>Possesses required skills, knowledge, and abilities to competently perform the job</i>	<input type="checkbox"/> Exceeds expectations <input type="checkbox"/> Meets expectations <input type="checkbox"/> Needs improvement <input type="checkbox"/> Unacceptable	
Training & Development: <i>Continually seeks ways to strengthen performance and regularly monitors new developments in field of work</i>	<input type="checkbox"/> Exceeds expectations <input type="checkbox"/> Meets expectations <input type="checkbox"/> Needs improvement <input type="checkbox"/> Unacceptable	

IV. PERFORMANCE GOALS

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V. OVERALL RATING

<input type="checkbox"/> EXCEEDS EXPECTATIONS	<input type="checkbox"/> MEETS EXPECTATIONS	<input type="checkbox"/> NEEDS IMPROVEMENT	<input type="checkbox"/> UNACCEPTABLE
<i>Employee consistently performs at a high level that exceeds expectations</i>	<i>Employee satisfies all essential job requirements; may exceed expectations periodically; demonstrates likelihood of eventually exceeding expectations</i>	<i>Employee consistently performs below required standards/expectations for the position; training or other action is necessary to correct performance</i>	<i>Employee is unable or unwilling to perform required duties according to company standards; immediate improvement must be demonstrated</i>

Comments:

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VI. EMPLOYEE COMMENTS (OPTIONAL)

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VII. ACKNOWLEDGEMENT

I acknowledge that I have had the opportunity to discuss this performance evaluation with my manager/supervisor and I have received a copy of this evaluation.

Employee Signature:

Date:

Reviewer Signature:

Date: