

QUARTERLY EVALUATION REPORT

1. NAME _____			
2. DEPARTMENT _____		3. SOCIAL SECURITY NUMBER _____	4. DATE OF HIRE _____
5. TITLE OF POSITION _____		POSITION CONTROL NUMBER: _____	6. PERIOD OF SERVICE COVERED BY REPORT (THREE MONTHS) FROM: _____ TO: _____

FOR COMPLETION BY SUPERVISOR (SEE REVERSE BEFORE COMPLETING THE FOLLOWING)

7. Indicate by EX, EA, A, N, or U whether the employee's performance is **EX**ceptional, **Ex**ceeds Acceptable, **A**cceptable, **N**eeds improvement, or **U**nsatisfactory in the characteristics listed below.

I. PERFORMANCE	II. CONDUCT	III. CHARACTER AND SUITABILITY
Interest in Work _____	Attendance _____	Honesty _____
Leadership _____	Punctuality _____	Integrity _____
Initiative _____	Disposition _____	Self-Confidence _____
Dependability _____	General Department _____	Cooperativeness _____
Quantity of Work _____		Compatibility _____
Quality of Work _____		Sociability _____
Attitude _____		Neatness _____
Professional Interest _____		Cleanliness _____
Self-Development _____		

8. **POTENTIAL FOR ADVANCEMENT.** Give your appraisal of this employee's capacity for growth and potential development. (If necessary, use additional sheets and attach) _____

<p>9. I CERTIFY THAT THE EMPLOYEE'S PERFORMANCE, CONDUCT, AND GENERAL CHARACTER TRAITS ARE: <i>(Check One)</i></p> <p>A. <input type="checkbox"/> Acceptable</p> <p>B. <input type="checkbox"/> Unsatisfactory</p>	<p>10. I RECOMMEND THAT THE EMPLOYEE BE: <i>(Check One)</i></p> <p>A. <input type="checkbox"/> Retained in present position</p> <p>B. <input type="checkbox"/> Separated from present position</p>
--	--

11. **EMPLOYEE'S COMMENTS:** Briefly describe the employee's reactions, comments, and/or suggestions after discussing the evaluation. Have the employee complete this section himself/herself, if he/she so chooses. If the employee does complete this section, the reviewing official must initial in the box below, indicating that he/she has read same.



12. SIGNATURE OF SUPERVISOR _____	13. TITLE _____	14. DATE _____
15. SIGNATURE OF EMPLOYEE _____		16. DATE _____
17. SIGNATURE OF REVIEWING OFFICIAL _____	18. TITLE _____	19. DATE _____

EVALUATION FACTOR DEFINITIONS

Exceptional:	Significantly and consistently exceeds standard requirements for this job.
Exceeds Acceptable:	Generally exceeds standard requirements for this job; shows definite evidence of becoming exceptional; commendable.
Acceptable:	Meets standards for this job as required; adequate.
Needs Improvement:	Is having difficulty in meeting standards for this job; appears to have the potential for improvement needed to meet standard requirements for this job.
Unsatisfactory:	Fails to meet standards for this job; does not appear to have the potential for improvement needed to meet standard requirements for this job.
N/A:	No applicable; does not apply. Not appropriate for this job.

QUARTERLY WORK PERFORMANCE EVALUATION INSTRUCTIONS

- I. All newly hired and re-hired employees shall serve a one year evaluation period. During this period the supervisor will evaluate the employee on a quarterly basis completing the Quarterly Evaluation Report.
- II. County employees who are transferred, promoted, or demoted into new positions must serve a six month evaluation period and are evaluated quarterly.
- III. Complete promptly. Give a copy to the employee; retain a copy in the originating department file. The original is routed through the reviewing official to the Human Resources Department.
- IV. The reviewing official is the official within the department who has the authority to sign off on the report before it is sent to the Human Resources Director. The reviewing official shall review and evaluate the report and include any comments prior to final signature and submittal to Human Resources.
- V. Verify that the report is signed and dated by the supervisor, employee, and reviewing official.