

PART 2: CUSTOMIZED PERFORMANCE DIMENSIONS <i>(Required)</i> <i>List below the 3 - 5 performance dimensions from Part 3 of the existing Performance Plan currently on file</i>	RATING
	<input type="checkbox"/> Surpasses <input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable
	<input type="checkbox"/> Surpasses <input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable
	<input type="checkbox"/> Surpasses <input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable
	<input type="checkbox"/> Surpasses <input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable
	<input type="checkbox"/> Surpasses <input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable

SAMPLE

Category Narrative – Required (reflects an overview of performance category ratings for Customized Dimensions)

DRAFT

PART 3: LEADERSHIP (Required for Supervisors Only)	RATING
<p>Staff Relations (the degree to which the employee creates and maintains effective supervisor/staff relations)</p> <ul style="list-style-type: none"> ▪ Fair and equitable treatment of staff is observed ▪ Work environment is safe and free from harassment ▪ Support for a diverse workforce is exhibited 	<input type="checkbox"/> Surpasses <input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable
<p>Productivity Results (the degree to which the employee oversees the work flow and processes of a work unit, division or department)</p> <ul style="list-style-type: none"> ▪ Decisions made are timely and appropriate to the situation ▪ Problems and challenges are handled with proficiency ▪ Expected results are achieved on time and within budget 	<input type="checkbox"/> Surpasses <input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable
<p>Supervision (the extent to which the employee shows the ability to authorize work and supervise assigned staff)</p> <ul style="list-style-type: none"> ▪ Work schedules are established and monitored for effectiveness ▪ Directives given are clear and communicated in a timely manner ▪ Performance feedback is given in accordance with County guidelines ▪ Recognition and staff development opportunities are appropriately provided ▪ Thorough and timely action is taken in response to poor performance 	<input type="checkbox"/> Surpasses <input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable

Category Narrative – Required for Supervisors only
 (reflects an overview of performance category ratings for Leadership Dimensions)

PART 4: PERFORMANCE APPRAISAL SIGNATURES

Rater's Signature & Date

I conducted at least one progress review discussion with the employee during the appraisal cycle. I also discussed the performance appraisal ratings with the employee and, if needed, explained job expectations, areas needing clarification, or performance issues requiring improvement.

Rater's Signature [↗]
(Signs first, immediately after discussing appraisal with employee)

Date [↗]
(mo/day/yr appraisal discussed with employee)

Rater Comments (Optional):

Employee's Signature & Date

I was given the opportunity to discuss the contents of this evaluation with my Rater. I understand that I may request a reconsideration of appraisal ratings and/or respond to the appraisal within five (5) calendar days from the date of issuance in the space provided below or by attaching one (1) supplemental typewritten or legibly handwritten page. I understand the completed appraisal will be forwarded to Human Resources for inclusion in my official personnel file.

Employee Signature [↗]
(Signs second, immediately following appraisal discussion with Rater or has the option to sign and submit within 5 calendar days)

Date [↗]
(mo/day/yr – within 5 calendar days of appraisal discussion with Rater)

Employee Comments (Optional):

*** It is advisable to wait for the employee response period (5 calendar days) to elapse before submitting the appraisal to the Reviewer for final approval.**
***The optional employee response is the only appraisal attachment permitted.**

Reviewer's Signature & Date *(Final approval)*

I have reviewed and concur with the Rater's appraisal ratings and narratives.

Reviewer's Signature [↗]
(Signs last, after Employee/Rater meet and sign)

Date [↗]
(mo/day/yr)

Original - Human Resources

Copies – Department File & Employee