Performance Appraisal _____Supervisor ____ Employee's Name Department ____ Job Title _____ Reason For Review: Quarterly Review Sheet Date of this Performance Appraisal Rating Period to **Instructions** Carefully evaluate employee's work performance in relation to current job requirements. Check box to indicate the employee's performance. See reverse for defination of terms. Indicate N/A if not applicable. **GENERAL FACTORS RATING** SUPPORTIVE DETAILS OR COMMENTS 1. QUALITY- The accuracy, thoroughness, 0 and acceptability of work performed. () ٧) g) () u 2. Productivity - The quality and efficiency 0 of work produced in a specified period of ٧ time.) g) u 3. Job Knowledge - The practical/technical 0 skills and information used on the job.) ٧) g) u 4. Reliability - The extent to which an 0 employee can be relied upon regarding) ٧ tasks completion and follow up. () g) 1 u 5. Availability - The extent to which an 0 employee is punctual, observes prescribed ٧ work break/meal periods and the overall) g attendance record.)) u 6. Independence - The extent of work O performed with little or no supervision) ٧) g () () u 7. Initiative - The extent to which an 0 employee seeks out new assignments ٧ and expands capabilities, personally) g and professionally. () ()

GENERAL FACTORS	RATING			SUPPORTIVE DETAILS OR COMMENTS
8. Adherence to Policy - The extent to	1	١	0	
which an employee follows safety and	()	0	
conduct rules, other regulations and	(<i>)</i>	V	
observes good housekeeping practices.	()	g I	
entrans good notice to pring processes.	()	U	
O Internal Palettine II				
9. Interpersonal Relationships - The	()	0	
willingness and demonstrated ability to	()	٧	44.44
cooperate, work and communicate with	()	g I	
coworkers, supervisors, subordinates, and/or outside contacts.	()		
and/or outside comacts.	()	u	
10. Behavior Pattern - The stability,	()	0	
courtesy, personal appearance and	()	V	
judgement demonstrated on the job.	()	g	
	()	1	
	()	u	
Complete all of the following sections.				
the state of the second of the				
1. Accomplishments or new abilities demons	strated sind	ce las	st review	

Specific areas of improvement needed.				
2. Opecine areas of improvement needed.			······································	
3. Recommendations for professional develo	pment (se	emina	ars, trainin	ng, schooling, etc.)
			····	
4. Rate employee's overall performance in co	mnarison	to no	sition ens	ecifications (check one)
() Outstanding () Very Good () C	_			nt Needed () Unsatisfactory () Not Rated
()	(,	protonio	() Chould dot () Not Nated
Rating Identification	***************************************		- / hm	
0 = Outstanding - performance is exceptiona	al in all are	eas ar	nd is reco	gnizable as being far superior to others.
v = Very Good - Results clearly exceeded mo	ost positio	n req	uirements	s. Performance is of high quality and is achieved
on a constant basis.				
G = Good - Competent and dependable level				
I = Improvement Needed - Performance is d				
U = Unsatisfactory - Results are generally u	nacceptab	le an	d require	immediate improvement. No merit increase
should be granted to indi		th this	s rating.	
N = Not Rated - Not applicable or too soon to	rate.			
Discussed with individual on				Employee's Signature *
Follow-up requested/desired	- No		Yes	Follow up Date:
	_''` _		100	TOROW UP Date.
Evaluator's Signature				Date
Evaluator's Supervisor's Signature				Date

 $^{^{\}star}\,$ If employee disagrees with the appraisal he/she may attach appropriate comments.