

# PERSONNEL PERFORMANCE APPRAISAL

LOCATION: \_\_\_\_\_

WORK LOCATION: \_\_\_\_\_

Employee: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Date of Last Appraisal: \_\_\_\_\_

Reason for Appraisal:

90 Day

Annual

Other

[As per Job Description]

[Department Person Works in]

Position Title: \_\_\_\_\_

Department: \_\_\_\_\_

Ratings:     1 Outstanding\*     2 Very Good     3 Meets Expectations     4 Improvement Needed\*     5 Unsatisfactory\*

\*(Requires comment)

Date of this Appraisal: \_\_\_\_\_

1. **TRANSACTION ANALYSIS AND PROCESSING** : Results of individual's ability to analyze and process work transactions  
Comments: \_\_\_\_\_ [Comments that support your assessment]     1\* 2 3 4\* 5\*
2. **QUALITY OF WORK**: Consider accuracy, neatness, etc.  
Comments: \_\_\_\_\_     1\* 2 3 4\* 5\*
3. **QUANTITY OF WORK**: Consider volume produced compared to needs  
Prioritization of Work; Organization  
Comments: \_\_\_\_\_     1\* 2 3 4\* 5\*
4. **INITIATIVE**: Consider resourcefulness & ingenuity, sense of urgency in completing tasks; ability to work independently  
Comments: \_\_\_\_\_     1\* 2 3 4\* 5\*
5. **DEPENDABILITY**: Commitment to department and consistency in work output and habits  
Comments: \_\_\_\_\_     1\* 2 3 4\* 5\*
6. **TEAMWORK**: Consider level of cooperation with team members and others; attitude toward the job, and others  
Comments: \_\_\_\_\_     1\* 2 3 4\* 5\*
7. **HUMAN RELATIONS AND COMMUNICATIONS**: Communicates well with others, treats other employees and the public with respect and courtesy; leadership abilities  
Comments: \_\_\_\_\_     1\* 2 3 4\* 5\*
8. **PEOPLE MANAGEMENT: (If applicable only)** Consider the person's ability and activities in managing his or her employees.  
Comments: \_\_\_\_\_     1\* 2 3 4\* 5\*

Other Comments: \_\_\_\_\_

**Section 2 - Appraisal Summary and Recommended Actions for Employee Improvement**

**STRONG AREAS OF PERFORMANCE:** [Describe areas of strength of the person]

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**SUGGESTED IMPROVEMENTS:** [Describe areas where this person needs improvement (e.g. prioritization, timeliness, etc)]

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Goals for the Upcoming Year:** [List goals for the person being evaluated – can be a combination of supervisor & employee]

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**SIGNIFICANT INTERVIEW COMMENTS:** Record only those additional significant items brought up by you or the employee that are not recorded elsewhere in this document.

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Printed Name	Signature of Supervisor	Date
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**EMPLOYEE REVIEW:**

**Optional Comments:** If the employee wishes to do so, any comments concerning the performance plan or evaluation (for example, agreement or disagreement) may be indicated in the space provided below.

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I have reviewed this document and have discussed the contents with my supervisor. My signature means that I have been advised of my performance status and does not necessarily imply that I agree with the evaluation.

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Signature of Employee	Date
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