

TOWN OF FRONT ROYAL, VIRGINIA



PERFORMANCE EVALUATION SYSTEM

SUPERVISORY/PROFESSIONAL

_____ **NAME OF EMPLOYEE**

_____ **POSITION TITLE**

_____ **DEPARTMENT / DIVISION**

_____ **DATE OF INITIAL EMPLOYMENT**

_____ **PERIOD OF EVALUATION**

_____ **DUE DATE OF EVALUATION**

TYPE OF EVALUATION (MARK ONLY ONE)

_____	ANNUAL	_____	INITIAL PERIOD OF EMPLOYMENT
_____	COUNSELING	_____	TRANSITIONAL PERIOD OF EMPLOYMENT

Do Not Write Below This Line.

DELIVERED To EVALUATOR:

RECEIVED FROM EVALUATOR:

PERFORMANCE EVALUATION CRITERIA

KNOWLEDGE OF WORK: Understands responsibilities; consistently demonstrates knowledge, skills and abilities to effectively perform job; adaptable; mastery of departmental rules and regulations; group works safely.

Use Additional Sheets If Necessary

QUALITY OF WORK: Is thorough and accurate; product is easily understood and on time; work based on sound opinion by careful study of available facts and other data; quantity of work is acceptable.

Use Additional Sheets If Necessary

JUDGMENT AND DEPENDABILITY: Consistently demonstrates excellent judgment in work and interactions with others; follows through on assignments without delay; seeks guidance when appropriate; accepts criticism as learning tool.

Use Additional Sheets If Necessary

COMMUNICATIONS AND INTERACTIONS: Works effectively with other staff, employees and public; motivates others; able to discipline when necessary; leads by example; written and oral reports clear and concise; generally a positive attitude.

Use Additional Sheets If Necessary

PLANNING AND ORGANIZING: Effectively and efficiently utilizes human and other resources to accomplish tasks; strives to find a better way to achieve goals; morale of work unit is generally high; appearance of employees, equipment, facilities is neat and presentable.

Use Additional Sheets If Necessary

PROGRESS ON PREVIOUS GOALS:

Use Additional Sheets If Necessary

GOALS FOR NEXT EVALUATION PERIOD:

Use Additional Sheets If Necessary

Based on the foregoing evaluation, this employee is recommended to receive the appropriate increase in compensation in accordance with the policies and procedures in effect at the conclusion of the rating period.

Yes: _____

No: _____

Evaluator's Signature: _____ **Date:** _____

DEPARTMENT DIRECTOR'S COMMENTS: (If appropriate)

Dept. Director's Signature: _____ Date: _____
Use Additional Sheets If Necessary

EMPLOYEE'S COMMENTS:

Employee's Signature: _____ Date: _____
Use Additional Sheets If Necessary

TOWN MANAGER'S COMMENTS: (If appropriate)

Town Manager's Signature: _____ Date: _____
Use Additional Sheets If Necessary