

TOWN OF FRONT ROYAL, VIRGINIA

PERFORMANCE EVALUATION SYSTEM



NON-SUPERVISORY

_____ **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 most job tasks; consistently demonstrates knowledge, skills and abilities to effectively perform most job assignments; adaptable; complies with departmental rules and regulations; works well with minimal supervision; participates in training as necessary.

Use Additional Sheets If Necessary

QUANTITY/QUALITY OF WORK: Completes acceptable quantity of high quality work; looks for other tasks without direction; coordinates work activities with other units as appropriate; oral and written communications acceptable to supervisors.

Use Additional Sheets If Necessary

DEPENDABILITY: Seldom absent or tardy; easy to locate during work hours; seeks guidance when appropriate; accepts criticism as learning tool; exhibits leadership to junior workers.

Use Additional Sheets If Necessary

SAFE WORK PRACTICES: Follows safety rules and regulations; operates vehicles/equipment in a safe manner; maintains vehicles/equipment in good appearance and working condition; reports hazards to proper persons for correction; participates in maintenance and repair when appropriate

Use Additional Sheets If Necessary

COOPERATION AND SERVICE-ORIENTED ATTITUDE: Accepts direction and change; gets along with fellow workers and other groups; comes to work in clean and proper attire, ready for work; courteous and able to communicate well with public;

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:** _____

REVIEWER'S COMMENTS: (If appropriate)

Reviewer's Signature: _____ **Date:** _____

Use Additional Sheets If Necessary

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