

County of Dukes County

EMPLOYEE PERFORMANCE EVALUATION

Instructions to Evaluators

A properly completed performance evaluation should provide a true picture of the employee's performance and clearly outline those areas in which the employee's performance has been strongest or weakest. The evaluation should clearly show what is expected of the employee to improve an inferior performance or sustain acceptable work and/or conduct.

- At least two weeks prior to this review, notify employee of the review, provide employee with the most current copy of their job description, and provide employee with the Employee Input Form, to be returned one week prior to the review. Completed Employee Input Form and reviewed job description should be attached to this review.
- The evaluation should be made with great care and fairness in the interests of the employee and the County.
- The evaluator shall reference the employee's job description and use sound judgment in making the rating.
- This evaluation of the employee's performance should reflect the entire rating period.
- The evaluator should have been in direct supervision over the evaluated employee for at least three (3) months of the period being evaluated. If less than three months, the employee's previous supervisor should be consulted if available. If not available, consult with the County Manager.
- Evaluators shall use a scale of 1-5 to evaluate an employee's performance as follows:
 1. unsatisfactory
 2. needs improvement
 3. meets expectations
 4. above average
 5. exceeds expectations

If any other rating than 3. is used, please attach comments that would explain the reasons for such a rating. If an unsatisfactory or needs improvement rating categories was used, the supervisor needs to document that they had conversation with an employee stating constructive and actionable feedback that should lead to improvement. Performance Improvement Plan creation for an Employee may also be considered if it was not already created prior to evaluation.

- As part of the evaluation process, a counseling interview should be held between the employee and supervisor. At a minimum, the supervisor should offer praise for a job well done; offer positive assistance in remedying any weaknesses in performance; and give the employee the opportunity to express his/her feelings and thoughts in all job-related areas.

County of Dukes County
PERSONNEL BOARD
EMPLOYEE PERFORMANCE EVALUATION

Name:	Supervisor:
Position Title:	Date of Review:
Department:	Review Period:
Start Date:	Last Promotion Date:

PERFORMANCE REVIEW

1. _____ Job Knowledge
2. _____ Quantity of Work
3. _____ Quality of Work
4. _____ Initiative
5. _____ Attitude & Dealing with Co-Workers
6. _____ Public Contact
7. _____ Operation & Care of County Equipment and Property
8. _____ Attendance
9. _____ Dependability
10. _____ Policies & Procedures
11. _____ Planning and Organizing
12. _____ Decision Making
13. _____ Productivity of Employees (Supervisory role only)
14. _____ Employee Evaluation and Development (Supervisory role only)

Employee Strengths:

- 1.
- 2.
- 3.

Areas Needing Improvement / Focus :

- 1.
- 2.
- 3.

EVALUATOR’S COMMENTS / GOALS FOR NEXT REVIEW PERIOD:

EVALUATOR’S CERTIFICATION AND RECOMMENDATIONS:

I hereby certify that this report constitutes my best judgment of the job performance of this employee and is based on personal knowledge of his/her work. If the employee has worked under my supervision for less than three months, I certify that I have discussed the employee’s performance with the previous supervisor and that the employee’s performance under this supervisor is reflected in the appraisal.

I (recommend) (do not recommend) continued service in County employment.

I (recommend) (do not recommend) a raise from Grade____ Step ____ to Grade ____ Step ____

EVALUATOR’S SIGNATURE _____ DATE _____

EMPLOYEE'S COMMENTS:

EMPLOYEE CERTIFICATION:

I hereby certify that I have read this document and discussed the contents with my supervisor. If I disagreed with the evaluation, I used the comment section above to state my complaints. By signing this document, I am acknowledging that this document will be included in my personnel file.

EMPLOYEE'S SIGNATURE _____ DATE _____

COUNTY MANAGER COMMENTS:

COUNTY MANAGER CERTIFICATION:

I hereby certify that I have reviewed the evaluation, noted any comments in the section above and that the Dukes County Personnel Board DID / DID NOT approve the step increase as recommended.

COUNTY MANAGER'S SIGNATURE _____ DATE _____