

Morgan County Performance Evaluation

Employee Name: _____

Evaluation Date: _____

Hire Date: _____ Site/Location: _____

Instructions:

This is an evaluation on the job now being performed by the above named employee. The care and accuracy with which this appraisal is made will determine its value to the person being evaluated and to the County. **Please rate one factor at a time by checking the appropriate box, considering that factor only.** Ratings should be assigned in an impartial and objective manner. Supervisors (evaluators) may be called upon to justify the ratings given.

Performance Factors/ Ratings	Always Exceeds Expectations	Sometimes Exceeds Expectations	Meets Expectations	Does Not Meet Expectations
QUALITY OF WORK Measures the thoroughness and accuracy of work performed by the employee.				
QUANTITY OF WORK Measures the volume of work produced by the employee under normal conditions.				
KNOWLEDGE OF JOB Measures the extent to which the employee has a clear understanding of his/her duties and how to perform the job.				
DEPENDABILITY Measures the extent to which the employee can be counted on to carry out instructions and fulfill responsibilities.				
INITIATIVE Measures the ingenuity and self-reliance of the employee in carrying out duties developing new ideas, overcoming obstacles, and seeking increased responsibilities.				
JUDGMENT Measures the ability of the employee to make sound and intelligent decisions, and appropriate choices.				
ATTITUDE Measures the ability of the employee to work well with others and show a willingness to cooperate.				
ATTENDANCE Measures the employee's ability to report to work on a consistent and punctual basis, prepared to work.				
SAFETY Measures if the employee follows safe work practices, adheres to safety instructions and has a safety related attitude.				

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REVIEW OF GOALS/OBJECTIVES/SPECIAL ASSIGNMENTS FOR PREVIOUS YEAR (if applicable)

1. Goal/Objective/Special Assignment

Accomplished or Satisfactory Progress

Unsatisfactory Progress

2. Goal/Objective/Special Assignment

Accomplished or Satisfactory Progress

Unsatisfactory Progress

GOALS/OBJECTIVES/SPECIAL ASSIGNMENTS FOR UPCOMING YEAR

1. Goal/Objective/Special Assignment

1ST Quarter Check-in

2nd Quarter Check-in

3rd Quarter Check-in

Progress: _____

Barriers/Needs: _____

2. Goal/Objective/Special Assignment

1ST Quarter Check-in

2nd Quarter Check-in

3rd Quarter Check-in

Progress: _____

Barriers/Needs: _____

SIGNATURES:

Supervisor: _____

Date: _____

Director: _____

Date: _____

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Employee: I have been advised on my performance ratings and 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. Comments (optional)

Employee: _____

Date: _____