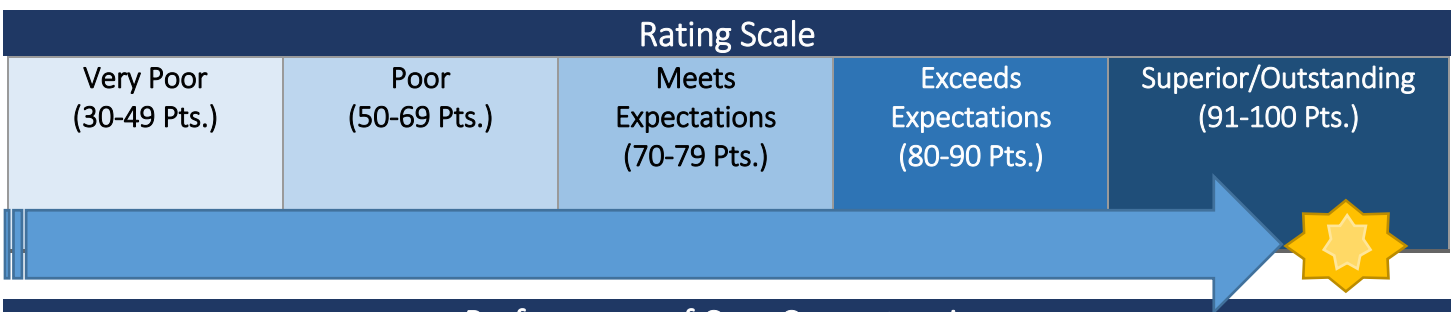




# ANNUAL PERFORMANCE EVALUATION

## Clerical/Administrative Sector

Employee Name:	Employee No.:
Employee Title:	Date:
Department Name:	Supervisor Name:



Performance of Core Competencies						
Evaluation Statements	Very Poor	Poor	Meets Expectations	Exceeds Expectations	Superior/ Outstanding	Points

1. Employee is able to prepare and maintain detailed records, files and reports.	3	5	7	9	10	_____
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Supervisor Comments:

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2. Employee is able to communicate effectively.	3	5	7	9	10	_____
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Supervisor Comments:

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3. Employee understands and follows verbal and written directions/instructions.	3	5	7	9	10	_____
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Supervisor Comments:

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# DEPARTMENT OF HUMAN RESOURCES

2818 S. Business Hwy 281 • Edinburg, TX 78539 • Tel: (956) 318-2660



Evaluation Statements	Very Poor	Poor	Meets Expectations	Exceeds Expectations	Superior/ Outstanding	Points
<b>4. Employee effectively uses standard office equipment and software.</b>  Supervisor Comments: <hr/>	3	5	7	9	10	_____
<b>5. Employee is punctual and reports to work according to the assigned schedule.</b>  Supervisor Comments: <hr/>	3	5	7	9	10	_____
<b>6. Employee is able to manage and prioritize the workload assigned to him/her.</b>  Supervisor Comments: <hr/>	3	5	7	9	10	_____
<b>7. Employee is able to finalize tasks/ projects timely.</b>  Supervisor Comments: <hr/>	3	5	7	9	10	_____
<b>8. Employee is able to work as part of a team, as well as work independently, and thrive in a demanding work environment.</b>  Supervisor Comments: <hr/>	3	5	7	9	10	_____
<b>9. Employee takes initiative to perform new tasks.</b>  Supervisor Comments: <hr/>	3	5	7	9	10	_____

# DEPARTMENT OF HUMAN RESOURCES

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Evaluation Statements	Very Poor	Poor	Meets Expectations	Exceeds Expectations	Superior/ Outstanding	Points
10. Employee is able to perform <u>all</u> duties associated with his/her job.  Supervisor Comments: <hr/>	3	5	7	9	10	—

**Total**            

**Supervisor Comments:**

**Employee Comments:**

**Acknowledgment Statement:**

Employee signature indicates the employee has reviewed this Annual Performance Evaluation document with his/her supervisor. The signature does not indicate employee agreement or disagreement with the evaluation.

Employee may provide comments in the Employee Comments Section of this Annual Performance Evaluation Form.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head/ Elected Official

\_\_\_\_\_  
Date