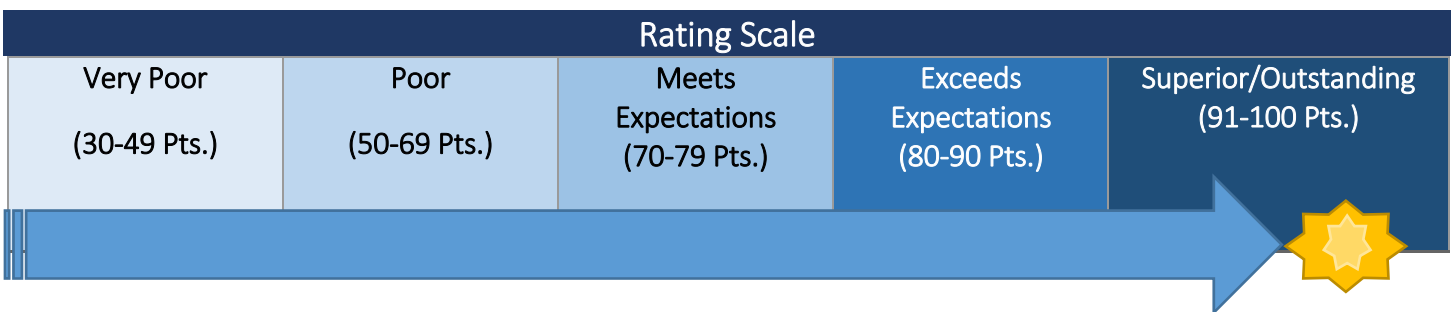




ANNUAL PERFORMANCE EVALUATION

Field Operations/Trades 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
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1. Employee has knowledge of materials, equipment, and procedures applicable to his/her job.	3	5	7	9	10	_____
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Supervisor Comments:

2. Employee complies with all applicable health and safety regulations, policies, and established work practices.	3	5	7	9	10	_____
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Supervisor Comments:

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

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
4. Employee is punctual and reports to work according to the assigned schedule.	3	5	7	9	10	_____
Supervisor Comments: _____						
5. Employee adequately maintains their work area and tools.	3	5	7	9	10	_____
Supervisor Comments: _____						
6. Employee completes assignments timely.	3	5	7	9	10	_____
Supervisor Comments: _____						
7. Employee effectively communicates with his/her supervisor.	3	5	7	9	10	_____
Supervisor Comments: _____						
8. Employee is able to work as part of a team, as well as work independently, and thrive in a demanding work environment.	3	5	7	9	10	_____
Supervisor Comments: _____						
9. Employee takes initiative to perform new tasks.	3	5	7	9	10	_____
Supervisor Comments: _____						
10. Employee is able to perform <u>all</u> duties associated with his/ her job.	3	5	7	9	10	_____
Supervisor Comments: _____						

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