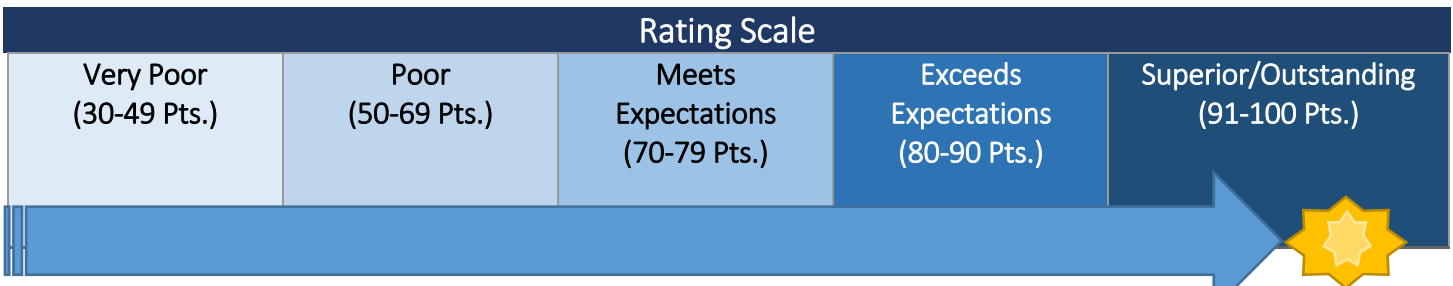




# ANNUAL PERFORMANCE EVALUATION

## Management/Professional 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 has knowledge of statutes, policies, and procedures applicable to his/her job.

3	5	7	9	10	_____
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Supervisor Comments:

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2. Employee complies with all applicable regulations, policies, and established work practices.

3	5	7	9	10	_____
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Supervisor Comments:

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3. Employee successfully manages/completes assignments timely.

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
4. Employee develops and delivers quality products.	3	5	7	9	10	_____
Supervisor Comments: _____						
5. Employee has the ability to perform his/her functions with minimal supervision and good judgement.	3	5	7	9	10	_____
Supervisor Comments: _____						
6. Employee effectively communicates with his/her team and manager.	3	5	7	9	10	_____
Supervisor Comments: _____						
7. Employee works well with others including county employees and constituents.	3	5	7	9	10	_____
Supervisor Comments: _____						
8. Employee resolves work issues using problem solving and critical thinking techniques.	3	5	7	9	10	_____
Supervisor Comments: _____						
9. Employee takes initiative to implement/develop new projects.	3	5	7	9	10	_____
Supervisor Comments: _____ _____						

# 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.	3	5	7	9	10	_____
Supervisor Comments:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					

**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