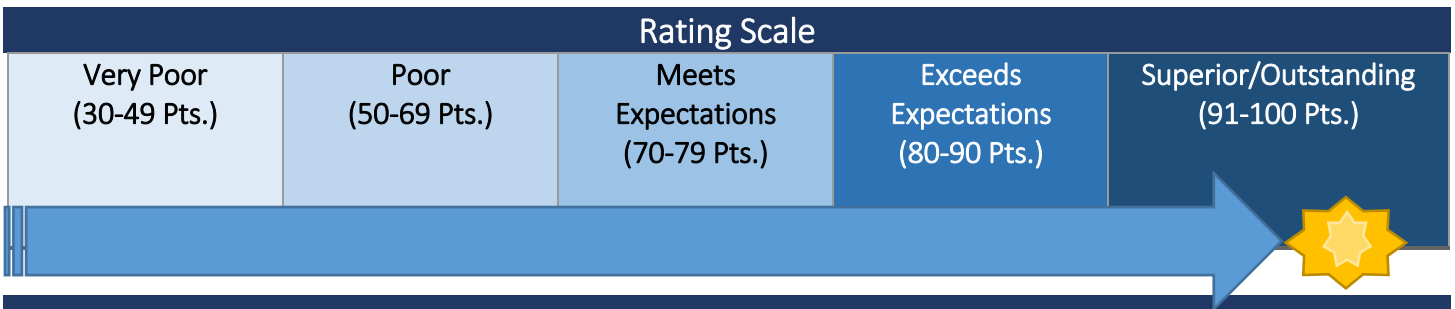




ANNUAL PERFORMANCE EVALUATION

Supervisory/Technical 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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Employee has knowledge of materials, equipment, and procedures applicable to his/her job.

3 5 7 9 10

Supervisor Comments:

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

3 5 7 9 10

Supervisor Comments:

3. Employee is effective in sharing his/her knowledge with team members and others as needed.

3 5 7 9 10

Supervisor Comments:

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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 is able to identify or develop appropriate methods and procedures to complete assignments.	3	5	7	9	10	_____
Supervisor Comments: _____						
6. Employee successfully manages and completes assignments timely.	3	5	7	9	10	_____
Supervisor Comments: _____						
7. Employee maintains good communication with his/her team and manager.	3	5	7	9	10	_____
Supervisor Comments: _____						
8. Employee is able to guide 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/develop new initiatives.	3	5	7	9	10	_____
Supervisor Comments: _____						

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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: _____						

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