



EMPLOYEE PERFORMANCE REVIEW FORM

Employee Name:		Employee ID Number:	
Job Title:		Department:	
Supervisor Name:		Supervisor Title:	
Department Director:		Date of Review:	
Review Period Start Date:		Review Period End Date:	

This form must be completed by the employee's immediate supervisor.

RATING SCALE: Use this scale for all items on this form requiring a numeric rating. A supervisor must develop a performance improvement plan for all areas where an employee received a rating of 1 (Below Standard).

1 - Below Standard:	Does not maintain satisfactory performance. <u>Needs a performance improvement plan.</u>
2 - Meets Standard:	Performs duties satisfactorily and meets minimum expectations.
3 - Above Standard:	Frequently exceeds minimum expectations.
N/A - Too New to Review:	The employee has been in current position for less than 30 days.

PART I: CORE COMPETENCIES	RATING or N/A
1. Customer Service Focus: Understands customer's needs, expectations, and City's requirements for public service; Treats customers (internal & external) with courtesy and respect; Responds quickly to all requests. COMMENTS:	
2. Service Focus: Values diversity and respects differences; Displays integrity and fully complies with City's code of ethical conduct; Is a positive and reliable representative of the City of Corpus Christi. COMMENTS:	
3. Initiative: Generates ideas and initiates action to seek information to solve problems or follow through with a task; is a self-starter. COMMENTS:	
4. Quantity of Work: Seeks further assignments when workload permits and consistently completes acceptable volume of work on time. COMMENTS:	
5. Quality of Work: Has good attendance, is on time and is present and productive at work; Work consistently demonstrates an understanding of the objectives and mission statement. COMMENTS:	
6. Teamwork: Willing to share information and offers aid when possible; consistently looking for ways to improve processes in the work place. COMMENTS:	
7. Compliance: Promotes compliance of policies in regards to workplace safety. Follows all City safety policies and practices; Uses and maintains equipment correctly; Keeps accurate equipment and safety records. COMMENTS:	
8. Judgment and Decision Making: Evaluates information and makes sound and timely decisions. Is accountable for results. Selects decision alternatives that meet the objectives of the department. COMMENTS:	
9. Communication: Communicates effectively verbally and in writing with team members, colleagues, customers and managers with widely different socio-economic and educational backgrounds; listens to others and is open minded to suggestions from others. COMMENTS:	



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PART II: ADDITIONAL COMPETENCIES FOR SUPERVISORS

10. Leadership: As a supervisor, selects, coaches and develops employees to perform to their potential and upward advancement. Promotes a climate of openness and inclusiveness with other employees; Respects and values individual differences.

COMMENTS:

11. Administration: As a supervisor submits required reports for the team; conducts performance evaluations, prepares position descriptions, etc., according to scheduled timelines.

COMMENTS:

12. Fiscal Management: As a supervisor prepares / manages budget and monitors spending of assigned area according to sound fiscal principles. Demonstrates an understanding of and applies responsibility financial practices and procedures.

COMMENTS:

OVERALL RATING: Using the rating scale mentioned above on Page 1, provide a rating of the employee's overall performance. In determining the overall rating, please calculate the average rating you have scored for the employee in each section. Any employee receiving an overall rating of 1 **must** be provided with a performance improvement plan to address deficiencies in performance.

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PART III: JOB DUTIES AND RESPONSIBILITIES

Supervisors and employees are required to review and update the employee's position description in conjunction with the annual performance review. **Please check the appropriate box below:**

- ☐ The employee and I have reviewed their position description and **no updates as necessary.**
- ☐ The employee and I have reviewed the position description and **will be submitting updates.**

Using the space below, the supervisor should **provide feedback on each job duty** that the employee is assigned in their position description. Supervisors may attach additional sheets to expand on the duties assigned to the employee.

PART IV: TRAINING & PROFESSIONAL DEVELOPMENT

List training and development completed as well as training and development activities planned for next year.

COMPLETED: (Provide attached sheet as needed)

PLANNED: (Provide attached sheet as needed)

All assigned training was completed? ☐ YES ☐ NO



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PART V: GOALS

Describe the success in meeting last year's goals. If the last year's goals were not met, provide an explanation. Supervisors may include more detail in separate sheet and attach.

Below, list next year's goals and target completion dates.

Target Date:

1.		
2.		
3.		
4.		
5.		

PART VI: EMPLOYEE COMMENTS

Supervisors should provide their employees an opportunity to add comments to the performance review. If employee has no comments, they should note this below.

PART VII: SIGNATURES (REQUIRED)

EMPLOYEE SIGNATURE:		DATE:	
SUPERVISOR SIGNATURE:		DATE:	
DIRECTOR / NEXT LEVEL SUPERVISOR SIGNATURE:		DATE:	