

**ADMINISTRATIVE EMPLOYEE PERFORMANCE EVALUATION**

# EMPLOYEE INFORMATION

NAME *(Last, First, Middle Initial)* \_\_\_

JOB TITLE SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERIOD OF EVALUATION

# EVALUATION OF GENERAL WORK PERFORMANCE

**RATING SCALE**

The following rating scale is provided to ensure consistency in the job performance expectations of the Flint Hill Fire Department and to assist in assigning the most appropriate measurement of an employee’s performance.

**1. Does Not Meet Expectations***(Struggles with skills, misses assigned goals, many weaknesses.)*

**2. Meets Expectations***(Performs adequately, works within job scope)*

**3. Exceeds Expectations***(Self motivated, performs beyond requirements, no significant weaknesses.)*

**4. Outstanding** *(Thoroughly understands complexity of tasks, displays depth of knowledge/skill significantly beyond requirements, performance beyond vast majority of experienced staff in same job, would be difficult to sustain each year.)*

1. **QUALITY OF WORK** *(Consider accuracy, completeness, how well issues are evaluated and resolved, and follow through on assigned tasks.)*

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| --- | --- |
| Comments: | Rating |

1. **PRODUCTIVITY/WORK VOLUME** *(Consider level of output generated. To what extent does the employee’s performance result in meeting specific projects, assignments or goals?)*

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| --- | --- |
| Comments: | Rating |

1. **ATTITUDE** *(Demonstrates a positive attitude toward the fire department, coworkers, volunteers, the public and other agencies always. Refrains from negative talk about individuals or organizations. Establishes and maintains effective working relationships with volunteers, staff, supervisors, citizens, etc.)*

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| Comments: | Rating |

1. **PROFESSIONALISM/CUSTOMER RELATIONSHIPS** *(Consider level of customer service, contributions made by the employee as a representative of the department, appearance while on duty, always treating the public with respect.)*

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| --- | --- |
| Comments: | Rating |

1. **DEPENDABILITY** *(Does the employee meet schedules, make sound decisions, complete tasks as assigned, show up to work on time, and prepared to work?)*

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| Comments: | Rating |

1. **COMPLIANCE WITH DEPARTMENT STANDARDS AND POLICIES** *(Does employee adhere to department polices and workplace safety procedures, use and operate vehicles and equipment within appropriate standards?)*

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| --- | --- |
| Comments: | Rating |

1. **DECISION MAKING/PROBLEM ANTICIPATION** *(Consider the ability to quickly understand new information and situations.)*

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| Comments: | Rating |

1. **INITIATIVE AND CREATIVITY** *(Does the employee voluntarily start projects and perform non-routine tasks without being asked to do so? Is imagination and creativity used to improve performance of themselves and the organization?)*

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| --- | --- |
| Comments: | Rating |

1. **COMMUNICATIONS** *(Skill in listening, speaking and writing effectively. Ability to follow and give oral and written instructions.)*

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| Comments: | Rating |

1. **COMPUTER SKILLS** (*Proficiency and timeliness in use of Firehouse, Aladtec, Target Solutions, etc. software to support the management of department operations. Proficiency in use of MS Office Suite (Word, etc. as necessary.)*

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| --- | --- |
| Comments: | Rating |

# OVERALL EVALUATION

**SUMMARY OF PERFORMANCE/ACCOMPLISHMENTS**

*Provide a summary of the employee’s performance during the review period.*

# GOALS/DEVELOPMENT PLAN FOR NEXT REVIEW PERIOD

*State the department’s expectations of the employee during the next review period. Based on the needs of the department and the goals of the employee describe, in detail, a plan for the employee to meet the expectations. Specify projects that must be completed or issues that must be resolved. Identify how goals can be accomplished (i.e., on-the-job training, project assignment, etc.).*

# SUPERVISOR COMMENTS

*The supervisor makes any other comments that may be appropriate to this employee.*

# EMPLOYEE COMMENTS

*The employee is invited to express his/her opinion on the evaluation and attach additional sheets if necessary.*

# ACKNOWLEDGEMENTS

The signature of the employee indicates the evaluation has been reviewed with the employee. It does not indicate

agreement with the supervisor’s evaluation. The employee has the right to express his/her opinion on the evaluation in the section provided above.

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**Employee Signature Date**

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**Supervisor Signature Date**