

Wood County Performance Evaluation – Manager Assessment

Year _____

Employee Name _____ Department _____
 Position _____ Manager Name _____
 Date of Evaluation _____ Type ☐ Probationary ☐ Annual _____ ☐ Special

Rate the employee characteristics by circling the appropriate description.

1. Quality of Work (accuracy, neatness, thoroughness)				
Inferior Work	Rather Careless	Meets Requirements	Highly Accurate	Exceptional
2. Quantity of Work (volume, amount, speed)				
Very Slow	Insufficient Work	Moderate	Rapid Worker	Highly Productive
3. Knowledge of Work (essential functions)				
Almost None	Limited	Adequate	Good Understanding	Excellent Comprehension
4. Adaptability (adjustment to change, ability to learn)				
Unable to Adapt	Slow in Learning	Satisfactory	Adapts Readily	Rapid Learner
5. Dependability of Work (reliability, meeting deadlines)				
Needs Constant Supervision	Needs Frequent Checking	Usually Dependable	Seldom Needs Checking	Highly Reliable
6. Cooperation (working with other employees)				
Troublemaker	Has Difficulty	Generally Cooperative	Gets Along Well	Excellent Relations
7. Judgment (ability to make decisions, plan work)				
Disorganized/ Illogical	Limited Judgment	Plans Well	Logical Thinker	Creates/Applies Solutions
8. Initiative (motivation, interest in work)				
Lazy/Indifferent	Needs Pushing	Adequate	Considerable	Highly Motivated
9. Attendance (punctual, reliability – note issues with tardiness in comments)				
15 days + of non-FMLA SL (120 hours +)	10 - 15 days of non-FMLA SL (80 – 120 hours)	< 10 days of non-FMLA SL (16 – 80 hours)	< 16 hours of SL	No SL use
10. Personality (courtesy/demeanor)				
Rude	Indifferent	Adequate for Job	Polite/Courteous	Exceptional

I. Review Position Description – Essential Functions

☐ Reflects General Duties ☐ Requires Update

Required Certification/Licensure

Expiration Date

II. Noteworthy Job Strengths (not indicated above)

III. Attendance/Time Off

Review hours worked report and leave banks from Precinct Manager. For SL use date of last review to last completed pay period.

Sick Leave Balance as of _____ = _____ hours SL Used from _____ to _____ = _____ (FMLA _____)

Vacation Balance _____ (Limit _____) Comp Time Balance _____

IV. Corrective Action Since Last Review

☐ None ☐ Progress Made ☐ Other – Note below

V. Areas for Improvement (Include follow-up from previous corrective action or performance plan, if applicable)

VI. Goal Setting – Performance Measurement to Review at Next Evaluation (prepared jointly) – Refer to Position Description

Objective (List at least 3)

Goal : Measurement (Quantity within Timeframe) /Timing (Date for Completion)

- 1.
- 2.
- 3.
- 4.

VII. Recommended Training (computer, manager, communication, etc.)

Training Subject

Required Completion Date

VIII. Additional Comments

☐ Additional Follow-Up Required: Date for next Evaluation _____

Reason for Follow-Up:

MANAGER: *I have prepared this performance review and discussed it with the employee.*

Manager Name

Signature

Date

EMPLOYEE: *I have reviewed the evaluation and have discussed it with my manager. My signature does not necessarily indicate my full agreement. I understand that I may make comments and that I may also attach a separate statement of agreement/ disagreement.*

Employee Comments:

Employee Name

Signature

Date

NEXT LEVEL MANAGER: *I have reviewed this performance evaluation.*

Manager Name

Signature

Date

Original to Personnel File

Copy Employee