

# 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.

<b>1. Quality of Work (accuracy, neatness, thoroughness)</b>				
Inferior Work	Rather Careless	Meets Requirements	Highly Accurate	Exceptional
<b>2. Quantity of Work (volume, amount, speed)</b>				
Very Slow	Insufficient Work	Moderate	Rapid Worker	Highly Productive
<b>3. Knowledge of Work (essential functions)</b>				
Almost None	Limited	Adequate	Good Understanding	Excellent Comprehension
<b>4. Adaptability (adjustment to change, ability to learn)</b>				
Unable to Adapt	Slow in Learning	Satisfactory	Adapts Readily	Rapid Learner
<b>5. Dependability of Work (reliability, meeting deadlines)</b>				
Needs Constant Supervision	Needs Frequent Checking	Usually Dependable	Seldom Needs Checking	Highly Reliable
<b>6. Cooperation (working with other employees)</b>				
Troublemaker	Has Difficulty	Generally Cooperative	Gets Along Well	Excellent Relations
<b>7. Judgment (ability to make decisions, plan work)</b>				
Disorganized/ Illogical	Limited Judgment	Plans Well	Logical Thinker	Creates/Appplies Solutions
<b>8. Initiative (motivation, interest in work)</b>				
Lazy/Indifferent	Needs Pushing	Adequate	Considerable	Highly Motivated
<b>9. Attendance (punctual, reliability – note issues with tardiness in comments)</b>				
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
<b>10. Personality (courtesy/demeanor)</b>				
Rude	Indifferent	Adequate for Job	Polite/Courteous	Exceptional

## I. Review Position Description – Essential Functions

Required Certification/Licensure

Reflects General Duties  Requires Update

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.

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Manager Name

Signature

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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:**

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Employee Name

Signature

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Date

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

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Manager Name

Signature

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Date

Original to Personnel File

Copy Employee