

CLERICAL EVALUATION

Name _____ Title: _____

Report Period: _____ to _____ Time in Present Position: _____

Type of Report: <input type="checkbox"/> probationary period <input type="checkbox"/> annual evaluation <input type="checkbox"/> special evaluation	N/A	Requires Improvement	Meets Position Requirements	Exceeds Position Requirements		
Knowledge of Jobs:						
A. Understanding of day-to-day work assignments	0	1	2	3	4	5
B. Understands department policies and procedures	0	1	2	3	4	5
C. Willing to acquire new skills/learn new techniques	0	1	2	3	4	5
Quality of Work:						
A. Completes work accurately	0	1	2	3	4	5
B. Completes work neatly	0	1	2	3	4	5
C. Completes work on time	0	1	2	3	4	5
D. Works satisfactorily under pressure	0	1	2	3	4	5
E. Works satisfactorily without constant supervision	0	1	2	3	4	5
F. Shows initiative	0	1	2	3	4	5
G. Demonstrates a positive attitude towards work both verbally and non-verbally	0	1	2	3	4	5
Attendance:						
A. Works regularly as schedule	0	1	2	3	4	5
B. Uses sick and/or vacation leave responsibly, showing an appropriate work ethic	0	1	2	3	4	5
C. Observes work hours responsibly (considers the beginning and ending of the work day, lunches, and breaks)	0	1	2	3	4	5
Employee and/or Public Contacts:						
A. Works well with subordinates	0	1	2	3	4	5
B. Works well with peers	0	1	2	3	4	5
C. Works well with supervisor	0	1	2	3	4	5
D. Provides assistance with courtesy and tact	0	1	2	3	4	5
E. Maintains appropriate grooming and hygiene	0	1	2	3	4	5
F. Keeps personal telephone calls, e-mails, and visits to a minimum	0	1	2	3	4	5
Leadership and/or Supervisory Ability:						
A. Demonstrates ability to train or guide others	0	1	2	3	4	5
B. Keeps staff informed	0	1	2	3	4	5
C. Implements department policies and procedures	0	1	2	3	4	5
D. Takes prompt action to resolve job and performance problems	0	1	2	3	4	5

Reviewer's Comments:

Employee's Comments:

I have read this report, received my copy and agree/disagree (circle one) with the ratings.

Signature

Date

Signature

Date