



FY22 100 PAY PLAN EMPLOYEE PERFORMANCE EVALUATION 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).

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| 1 - Does Not Meet Expectations: | Does not meet the expectations of the job, task, or project. <u>Improvement Plan Required.</u> |
| 2 - Needs Improvement: | Meets some expectations of the job, task, or project. Performance needs improvement. |
| 3 - Meets Expectations: | Successfully and consistently meets the expectations of the job, task, or project. |
| 4 - Exceeds Expectations: | Far exceeds the expectations of the job, task, or project. |

PART I: CORE COMPETENCIES	RATING
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.	
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.	
3. Initiative: Generates ideas and initiates action to seek information to solve problems or follow through with a task; is a self-starter.	
4. Quantity of Work: Seeks further assignments when workload permits and consistently completes acceptable volume of work on time.	
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.	
6. Teamwork: Willing to share information and offers aid when possible; consistently looking for ways to improve processes in the workplace.	
7. Compliance: Promotes compliance of policies in regard to workplace safety. Follows all City safety policies and practices; Uses and maintains equipment correctly; Keeps accurate equipment and safety records.	
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.	
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.	
Score = Average of above:	

PART II: COMMENTS SECTION (Optional)

SUPERVISOR - Provide a brief description of the employee's overall performance for the review period:

EMPLOYEE - Supervisors should provide employees an opportunity to provide comments. If employee has no comments, they should note "none".

PART III: SIGNATURES (Required)

Employee, signing below does not constitute agreement with your performance evaluation. By signing below, you are acknowledging that this performance review has been discussed with you.

EMPLOYEE SIGNATURE:		DATE:	
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SUPERVISOR SIGNATURE:		DATE:	
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DIVISION MANAGER (OR ABOVE) SIGNATURE:		DATE:	
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PART IV: SUBMISSION (Required)

HR Liaison or Designee uploaded completed forms at: http://www.learningcc.org/perform/	DATE:	
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