



FY22 300 PAY PLAN EMPLOYEE PERFORMANCE EVALUATION FORM

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|----------------------------------|--------------------------------|
| Employee Name: | Employee ID Number: |
| Job Title: | Department: |
| Supervisor Name: | Supervisor Title: |
| Review Period Start Date: | Date of Review: |
| Review Period End 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).

- | | |
|--|--|
| 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: CITYWIDE GOALS (50% of overall rating; equally weighted) | RATING |
|---|---------------|
| 1.Demonstrates High Ethical and Moral Standards | |
| 2.Committed to a Sound and Effective Management Process | |
| 3.Support for Organizational Diversity and Inclusion | |
| 4.Use of City Performance Analytics and Performance Improvement Assessments | |
| 5.Commitment to Talent Development and Employee Engagement | |
| 6.Commitment to Process Improvement | |
| 7.Support for Employee Wellness and Benefits | |
| 8.Builds Connections with Stakeholders | |
| 9.Fiscal Responsibility | |
| Score = Average of above: | |

| PART II: SUPERVISORY LEADERSHIP (50% of overall rating; equally weighted) | RATING |
|--|---------------|
| 1.Leadership and Development •Leadership is clear, undisputed, and supported by team members •Handles conflict between team members quickly and effectively •Clearly communicates timelines and expectations to team members •Facilitates communication to ensure that team members are informed about issues, progress, and next steps •Ensures team members have opportunities to develop their skills | |

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|--|--|
| 2.Strategic Thinking <ul style="list-style-type: none"> •Understands and uses financial indicators/metrics to measure performance •Identifies, recruits, and retains great talent that expands our capability and mirrors our customer base | |
| 3.Drives Excellence <ul style="list-style-type: none"> •Holds employees accountable for performance •Communicates with business partners at all levels regularly, accurately, and in detail •Focuses on the process and operational consistency to reduce cost, improve performance, and meet targeted budget goals | |
| 4.Decision-Making <ul style="list-style-type: none"> •Causes and underlying issues are analyzed to fully understand situation/ choices prior to decision-making •Empowers the team to solve problems and make decisions | |
| Score = Average of above: | |

PART III: GOALS AND RESPONSIBILITIES

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|---|--|
| A description of the goal and actual performance results that includes any specific performance metric or project deadline met. | |
| GOAL 1: | |
| <i>Summary of Accomplishment:</i> | |
| | |
| GOAL 2: | |
| <i>Summary of Accomplishment:</i> | |
| | |

PART IV: FY 2022 PROFESSIONAL DEVELOPMENT ACCOMPLISHMENTS

| | | |
|---|--|-------------------------|
| Measure specific Professional Development achievements. | | |
| ACCOMPLISHMENT 1: | | Completion Date: |
| ACCOMPLISHMENT 2: | | Completion Date: |

PART V: SUPERVISOR STATEMENT OF OVERALL PERFORMANCE

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| Provide a brief description of the employee’s overall performance for the review period: | OVERALL RATING | | |
| | 4 = Exceeds Expectations 3 = Meets Expectations 2 = Needs Improvement 1 = Does Not Meet | | |
| Complete the following section upon Executive Leadership Team (ELT) Approval | | | |
| SUPERVISOR SIGNATURE: | | DATE: | |
| ELT SIGNATURE: | | DATE: | |

Department Level Review – COMPLETE

PART VI: EMPLOYEE COMMENTS AND ACKNOWLEDGEMENT SIGNATURE

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

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: | |
|----------------------------|--|--------------|--|

PART VII: SUBMISSION (Required)

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| ELT, Designee, or Human Resources uploaded completed forms at: http://www.learningcc.org/perform/ | DATE: | |
|--|--------------|--|

----- DO NOT WRITE BELOW: THIS SECTION FOR OFFICIAL USE BY HUMAN RESOURCE DEPARTMENT -----

APPROVED FOR FILING

LEARNING AND DEVELOPMENT PROCESSING

UNDER REVIEW

EMPLOYEE RELATIONS PROCESSING

RECEIVED DATE: _____ BY: _____

APPROVED DATE: _____ BY: _____

Supporting Documents Attached

NOTES: (If any)