

# Classified Evaluation Form

Name \_\_\_\_\_

Department \_\_\_\_\_

Position \_\_\_\_\_

Rating Period: from \_\_\_\_\_ to \_\_\_\_\_

Mid-Probationary Evaluation

Annual Evaluation

Final Probationary Evaluation

## ITEMIZED CHECKLIST

Employee's immediate supervisor should check each item in the appropriate column. If an area is marked needs improvement or unsatisfactory, an improvement plan is required (please check box below if improvement plan is attached).

|  | Unsatisfactory           | Needs Improvement        | Meets Standards          | Exceeds Standards        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Work Quality                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Compliance to Rules and Regulations       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Interpersonal Skills / Professionalism    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Adaptability to Change / Shows Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Job Knowledge                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_

## OVERALL RATING

Employee's immediate supervisor should check the degree that best describes the overall performance of the employee during this period. Specific written comments are required. Step increases are subject to an overall rating of "Meets Standards," or "Exceeds Standards."

Unsatisfactory

Needs  
Improvement

Meets  
Standards

Exceeds  
Standards

Evaluated By: \_\_\_\_\_  
Immediate Supervisor

Date \_\_\_\_\_

Improvement Plan Attached:  YES  NO

*I hereby certify that I have reviewed this report. I understand my signature does not necessarily mean I agree with all the items checked. If employee does not agree with this report, a response may be attached to this form and submitted within ten days after signature.*

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_  
Evaluator's Supervisor

Date \_\_\_\_\_

Reviewed By: \_\_\_\_\_  
Chief Human Resources Officer

Date \_\_\_\_\_