



**ST. JOHNS COUNTY BOARD OF COUNTY COMMISSIONERS
EMPLOYEE PERFORMANCE APPRAISAL**

Performance Appraisal Type:

| | | |
|------------------------------|--|----------------------|
| Employee Name | Employee # | Job Title |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Department Name and # | Appraisal Period Date Range | |
| <input type="text"/> | <input type="text"/> to <input type="text"/> | |

Performance Levels Rating Scale

| | |
|-----------------------------------|--|
| Outstanding (Out): | Performance is clearly and consistently outstanding. Demonstrates a very high degree of proficiency. Performance compares only with the best employees. Far exceed standards of normally expected performance. |
| Very Effective (VE): | Performance at a very high level. Demonstrates unusual proficiency. Frequently exceeds standards of normal expected performance. |
| Effective (E): | Performance is satisfactory and consistently at a level expected of employees. |
| Marginally Effective (ME): | Performance is only marginally acceptable. Meets performance requirements only periodically or only in certain areas of this factor. Specific areas of performance improvement are indicated. |
| Ineffective (In): | Performance is poor, clearly below the level of acceptability. Improvement is mandatory in nearly all aspects of this factor. |

Performance Areas

| | (1) IN | (2) ME | (3) E | (4) VE | (5) Out |
|--|-----------|-----------|----------|-----------|------------|
| Job Knowledge: Knowledge and understanding of department/division mission, procedures and essential functions. | | | | | |
| Interpersonal Skills: Ability to work harmoniously and cooperatively with coworkers and the general public. | | | | | |
| Work Habits/Follows Directions: Organization of work, ability to understand and satisfactorily carry out both oral and written instructions. | | | | | |
| Dependability: Degree to which employee can be relied upon to do the job without close supervision and conform to work hour requirements. | | | | | |
| Quality of Work: Ability to produce thorough, neat accurate work as defined by department standards. | | | | | |
| Quantity of Work: Ability to complete required work as defined by department standards. | | | | | |
| Judgment: Ability to analyze and interpret information and arrive at logical conclusions with position's essential function and responsibilities. | | | | | |
| Initiative and Innovation: Ability to recognize and act on needed work and originate new ideas. | | | | | |
| Dedication to Professional Development: Committed to intellectual growth. Participates regularly in technical and professional training. | | | | | |
| Goals: Ability to reach goals set by the employee and the supervisor. | | | | | |
| Safety: Adherence and support of the County's safety and health policies and procedures. | | | | | |

For Use in Rating Supervisors Only

| | (1) IN | (2) ME | (3) E | (4) VE | (5) Out |
|---|-----------|-----------|----------|-----------|------------|
| Planning and Prioritizing: Ability to develop goals and objectives and identify those resources needed by department. | | | | | |
| Decision Making and Delegating: Ability to analyze and interpret information and arrive at logical conclusions then assigning appropriate work task to others. | | | | | |
| Communication Skills Both Oral and Written: Ability to express ideas, information and instruction clearly and concisely both verbally and written. | | | | | |

| | (1) IN | (2) ME | (3) E | (4) VE | (5) Out |
|------------------------------|-----------|-----------|----------|-----------|------------|
| <u>Overall Rating</u> | | | | | |

| | | | |
|----------------------|----------------------|--|-----------------------------------|
| Employee Name | Employee # | Appraisal Period Date Range | Performance Appraisal Type |
| <input type="text"/> | <input type="text"/> | <input type="text"/> to <input type="text"/> | <input type="text"/> |

Attendance

| | Yes | No |
|--|--------------------------|--------------------------|
| Did the employee receive disciplinary action for attendance issues? | <input type="checkbox"/> | <input type="checkbox"/> |
| If coaching was provided regarding attendance, did attendance improve? | <input type="checkbox"/> | <input type="checkbox"/> |

Safety :

| | Yes | No |
|---|--------------------------|--------------------------|
| Has the employee completed all required safety training? (Due to COVID-19 virus, training was suspended please mark "YES".) | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the employee receive disciplinary action for violation of safety policies/procedures during the reporting period? | <input type="checkbox"/> | <input type="checkbox"/> |

Probationary Performance Appraisal Only

| | Yes | No |
|---|--------------------------|--------------------------|
| Is the employee recommended for regular status? | <input type="checkbox"/> | <input type="checkbox"/> |

Performance Narrative:

Directed comments are required for ratings marked Ineffective, Marginally Effective, and/or Outstanding; additional comments are encouraged.

Goals: Employee and supervisor are required to set job related goals for the upcoming year.

Please use [Performance Appraisal Addendum page](#) for additional comments if needed.

Reviewing Supervisor Signature: _____ Printed Name: _____ Date: _____

**Reviewing supervisor signature required prior to delivering evaluation to employee. **

Immediate Supervisor Signature: _____ Printed Name: _____ Date: _____

Employee Signature: _____ Date: _____