

KETCHIKAN GATEWAY BOROUGH PERFORMANCE APPRAISAL

EMPLOYEE _____
 DEPARTMENT _____
 POSITION _____
 DATE IN POSITION _____
 DATE OF HIRE _____

ANNUAL REVIEW PROBATIONARY REVIEW
 RATED FOR PERIOD _____
 SPECIAL REVIEW (Please specify) _____

OVERALL PERFORMANCE RATING RATING CODE Use Increments of .5

UNSATISFACTORY (a)(b) 0	DEVELOPMENT NEEDED (b) 1	SATISFACTORY 2	ABOVE AVERAGE (a) 3	OUTSTANDING (a) 4
Fails to meet standards and/or requirements for effective performance.	Occasionally falls short of meeting expectations. Requires improvement to increase effectiveness or growth.	Meets expectations and requirements for all job phases.	Frequently exceeds expectations and requirements for job phases.	Consistently exceeds expectations and requirements for all job phases.

- a. Evaluations of unsatisfactory, or those scoring 3.4 or higher, require specific written comments for each section containing that score.
 b. Evaluations of unsatisfactory or development needed require specific written goals and corrective activities.

SUMMARY EVALUATION

KEY RESULT AREAS	RATING
CONDUCT: Professional actions and behavior	
CAPACITY: Ability to fulfill all job functions and responsibilities	
EFFICIENCY: Ability to produce the maximum work with the minimum resources	
SKILLS: Aptitude toward the specific requirements of the position	
RESPONSIBILITY: Assumption of professional accountability	
INTEGRITY: Character, dependability, and trustworthiness	
EFFECTIVENESS: Ability to achieve a desired result	
SELF DEVELOPMENT: Progress made toward professional development	
TOTAL (Key Result Area)	
<i>Total Key Result Area divided by 8</i>	
TECHNICAL EXPERTISE/PERFORMANCE RATING*	
<i>Total Key Result Area and Technical Expertise Performance</i>	
OVERALL RATING (Total Points divided by 2)	

* Attach specific position performance evaluation form.

In signing this report the employee does not indicate agreement, but acknowledges s/he has received it. If s/he wishes to add a written statement concerning any part of the report, s/he may use the comment section, or attach an additional page.

EMPLOYEE'S SIGNATURE

DATE

EVALUATOR'S SIGNATURE

DATE

DEPARTMENT HEAD SIGNATURE

DATE

MANAGER/HR

FOLLOW-UP TO BE DONE: _____

(TO BE COMPLETED BY EVALUATOR)

