

	<h2><b><i>Performance Review</i></b></h2> <p><i>(Effective January 1, 2007)</i> <i>(Revised November 20, 2012)</i></p>
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***Employee Name:***

***Job Title:***

***Review Period From:*** -

***Annual:***  *(Complete Part IV)*

***Orientation:*** 3 Month

6 Month  *(Complete Part IV)*

9 Month  *( PD Only)*

### **MISSION STATEMENT**

**Cottonwood employees are committed to providing responsive, innovative, respectful and sustainable services to our community members and visitors in an effort to effectively improve the quality of life in our community.**

### **OUR VALUES**

**Treat Everyone with Dignity and Respect**  
**Ensure for Uncompromising Integrity**  
**Communicate and Actively Listen**  
**Be Responsive and Accountable**  
**Be Innovative**  
**Be a Professional in Attitude, Conduct, and Appearance**  
**Strive to Provide Effective and Efficient Services**

## **Part I: PERFORMANCE STANDARDS**

**This form is a template, therefore, compatible with including as much information as you wish to include in the comments area. You may also print the form and complete it in longhand, however, if handwritten it must be legible.**

### *Instructions:*

- (1) Check the box above the description that **most nearly** expresses your overall assessment of each quality.
- (2) Provide written comment in support of your overall assessment for each quality. Merit increases will not be given unless an employee receives at least all 6 or 8 boxes checked with a 3 or higher.
- (3) If employee has been rated a 1 or 2 in any category, comments must state expected results the employee is expected to attain. You must also schedule a meeting with the employee to jointly develop a Performance Improvement Plan and decide on the shortest length of time until the plan is reviewed. If the supervisor decides to extend the improvement plan period, the employee will then list the actions to take and they will both set the follow up review date. Upon recommendation of the employee's supervisor and general manager, the city manager may award a merit increase retroactive to the effective date of this Performance Evaluation. If the employee has not achieved the required improvement as described in their plan, the supervisor will recommend further action, including disciplinary action, and again the employee, supervisor, general manager, HR manager, and city manager must sign off on the Performance Improvement Plan document.

(4) For each quality listed, i.e. Knowledge of Work, consider the employee's performance since the last evaluation and select one of the responses from the pull-down menu on the right:

Responses =

**Has Improved**

Review responses and comments from previous performance review to determine if the performance has improved from last review period.

**Maintained Consistency**

Determine if performance has reached a consistent level whether acceptable or not.

**Has Regressed**

Consider performance during the review period to determine whether the assessed quality has decreased or become less acceptable.

<b>Knowledge of Work</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<i>Select One</i> <i>Click on word to pull down menu.</i>  Maintained Consistency
Consider knowledge of job gained through experience, general education, & specialized training.  <i>Check One Box</i> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Well informed on all phases of work. Needs no assistance. Works independently.	Well-rounded job knowledge. Infrequently requires assistance.	Adequate grasp of essentials. Some assistance required.	Requires considerable assistance.	Inadequate knowledge. Requires improvement, training. Has been counseled.	

**Comments:**

<b>Quantity of Work</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<i>Select One</i> <i>Click on word to pull down menu.</i>  Maintained Consistency
Consider the volume of work produced under normal conditions, regardless of errors.  <i>Check One Box</i> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Rapid worker. Produces exceptionally high volume.	Above average volume.	Average volume. Usually completes work on schedule.	Below average volume. Work often not completed or others help to catch up.	Inadequate volume. Seldom meets deadlines. Requires improvement, training. Has been counseled.	

**Comments:**

<b>Quality of Work</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<i>Select One</i> <i>Click on word to pull down menu.</i>
<i>Check One Box</i> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consider neatness, accuracy, and dependability of results.	Exceptional quality. Rarely makes mistakes.	Above average quality. Infrequent errors or rejections.	Average quality. A few mistakes.	Often unacceptable with frequent errors, edits, or rejections.	Excessive errors or rejections. Requires improvement or training. Has been counseled.	Maintained Consistency

**Comments:**

<b>Initiative</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<i>Select One</i> <i>Click on word to pull down menu.</i>
<i>Check One Box</i> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consider contribution of new ideas & methods. Ability to self-start and work independently on projects or toward approved goals.	Consistently works toward approved goals. Works independently and contributes to efficiency with new ideas and methods. Is a self-starter. Is resourceful.	Frequently sets/works toward approved goals. Will suggest new ideas if asked. Needs very little direction.	Initiates activity within normal routine. Does what is required. Needs occasional direction.	Seldom initiates activity during normal routine. Needs frequent direction.	Needs reminding or direction on a continuous basis in order to complete goals or activity that is routine. Requires improvement or training. Has been counseled.	Has Improved

**Comments:**

<b>Dependability/ Responsibility</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<i>Select One Click on word to pull down menu.</i>
<i>Check One Box →</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consider the degree to which the employee can be relied on to carry out duties.	Consistently fulfills all job responsibilities and duties. Totally reliable.	Can be depended on to get the job done with little or no follow-up.	Assumes all responsibility specifically assigned. Needs occasional reminders.	Accepts responsibility on an inconsistent basis. Often work or tasks assigned do not get completed without help.	Fails to accept responsibility even when specifically assigned. Requires improvement or training. Has been counseled.	Has Improved

**Comments:**

<b>Interpersonal Relationships</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<i>Select One Click on word to pull down menu.</i>
<i>Check One Box →</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consider the degree to which the employee interacts harmoniously with the public, co-workers, supervisors, elected officials, & intergovernmental agencies.	Exceptional tact & diplomacy. Cooperative and professional with internal and external parties.	Cooperates well with others. Frequently displays tact & professionalism. Promotes harmony & teamwork.	Adequate skills. Usually promotes harmony and teamwork.	Has difficulty interacting with others. Some conflicts either internally or externally. Receives complaints.	Frequent conflicts with others. Requires improvement or training. Has been counseled.	Maintained Consistency

**Comments:**

## Part II: SUPERVISOR STANDARDS

The following additional section is to be completed for individuals with supervisory responsibilities including supervision of interns or seasonal staff.

<b>Leadership</b> <i>Check One Box</i> →	<b>5</b> <input type="checkbox"/>	<b>4</b> <input type="checkbox"/>	<b>3</b> <input type="checkbox"/>	<b>2</b> <input type="checkbox"/>	<b>1</b> <input type="checkbox"/>	<i>Select One</i> <i>Click on word to pull</i> <i>down menu.</i>
Consider the employee's competency to lead, motivate and gain the trust and support of subordinates.	Exceptional ability to lead and motivate. Respected by & respectful toward subordinates. Consistently meets the toughest leadership challenges.	Displays good leadership abilities & skills. Usually gains support & displays ability to gain credibility.	Adequate supervisory ability. Can usually be relied on to make the correct decisions and demonstrate the city values to subordinates.	Has difficulty supervising. Decisions often challenged. Withdraws or postpones difficult decisions.	Inadequate ability to supervise. Requires improvement to retain in supervisory role. Has been counseled.	Maintained Consistency

**Comments:**

<b>Employee Development &amp; Accountability</b> <i>Check One Box</i> →	<b>5</b> <input type="checkbox"/>	<b>4</b> <input type="checkbox"/>	<b>3</b> <input type="checkbox"/>	<b>2</b> <input type="checkbox"/>	<b>1</b> <input type="checkbox"/>	<i>Select One</i> <i>Click on word to pull</i> <i>down menu.</i>
Consider the ability of the supervisor to treat each member of the team fairly while promoting employee development and maintaining accountability.	Assigns tasks & considers requests on job-related factors only. Encourages employee development. Treats team members with respect, but maintains accountability.	Attempts to be fair and consistent with requests and assignments. Generally effective in development of employees & maintaining accountability.	Adequate ability to maintain fairness & consistency. Sometimes allows personal feelings to interfere with professional judgment.	Has difficulty maintaining fairness. Frequently inconsistent. Minimum effort at developing subordinates.	Fails to maintain fairness & consistency. No effort at developing subordinates. Requires improvement or training. Has been counseled.	Maintained Consistency

**Comments:**

**Part III: DEVELOPMENT AND REVIEW**

**A. SUPERIOR PERFORMANCE RECORD – NOT A SCORED ITEM :**

<b>Achieved Previous Goals</b> <i>Check One Box</i> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consider if goals were fully, partially or unmet. Must be described above.	All goals were met and exceeding expectations by completing additional goals	All goals were fully completed	The majority of the goals were met	Only a few of the goals were met	None of the goals were met

**Comments:**

**B. FORTHCOMING YEAR’S GOALS:**

NEW GOALS	TIMELINE

**C. DEVELOPMENT ACTIVITIES (actions, duties, and tasks which the supervisor and the employee have agreed upon to further develop and improve employee’s capabilities. Note in the NEED HELP section if the City or supervisor needs to provide assistance with the item.):**

DEVELOPMENTAL ACTIVITY	NEED HELP	TIMELINE

1. After reviewing the employee’s job description, what knowledge, skills, or abilities are either obsolete or what new ones have been assumed during this review period?
2. Additional evaluator comments:
3. Department Head comments if any:
4. List any job problems/ recommendations that need resolved and that may increase efficiency and reduce cost of operations:

**Part IV: MERIT INCREASE**

Employees Name:                      Evaluation End Date:

To complete merit increase, take the Total Rating Score from the Summary Evaluation. This will give you a number between 1-5. The evaluation number will equate to a merit increase percentage on the chart below.

**Summary Evaluation Score = Achievement Level:**

<b>Achievement Levels</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Merit Increase Percent</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Merit Increase (%):**

No Merit Increase Due at This Time

Merit Increase for Completion of Six-Month Orientation Period (1/2 Merit Increase)

Merit Increase for Completion of First Year of Employment (1/2 Merit Increase)

Annual Merit Increase

Effective Date:

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I understand the contents of this appraisal and it has been discussed with me.**

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do you wish to make an appointment with HR to discuss your evaluation? Yes \_\_\_\_ No \_\_\_\_