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**Part-time Employee Performance Evaluation**

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| Name—Last, First & Middle Initial | Employee ID# |
| Department | Position Title |
| Date Employee Began the Present Position | Evaluator |

The goal of the performance evaluation is to improve performance through communication. Please evaluate the employee’s performance with accuracy, fairness and realistic expectations and mark the appropriate rating.

1. **Quality and Productivity**

Employee consistently generates amount of work expected.

\_\_\_\_ Always \_\_\_\_ Often \_\_\_\_ Usually \_\_\_\_ Rarely \_\_\_\_ Never

Employee is consistent and follows through with assignments until completed.

\_\_\_\_ Always \_\_\_\_ Often \_\_\_\_ Usually \_\_\_\_ Rarely \_\_\_\_ Never

1. **Job Knowledge**

Employee possesses the knowledge and skills required in his/her job.

\_\_\_\_ Always \_\_\_\_ Often \_\_\_\_ Usually \_\_\_\_ Rarely \_\_\_\_ Never

1. **Reliability and Attendance**

Employee consistently works hard, gets job completed and finds additional work to do when time permits.

\_\_\_\_ Always \_\_\_\_ Often \_\_\_\_ Usually \_\_\_\_ Rarely \_\_\_\_ Never

Employee works consistently scheduled work hours, is on time returning from breaks and/or lunch.

\_\_\_\_ Always \_\_\_\_ Often \_\_\_\_ Usually \_\_\_\_ Rarely \_\_\_\_ Never

1. **Cooperation**

Employee works well with others and is a team player.

\_\_\_\_ Always \_\_\_\_ Often \_\_\_\_ Usually \_\_\_\_ Rarely \_\_\_\_ Never

Employee observes expectations without complaint and displays an overall positive attitude.

\_\_\_\_ Always \_\_\_\_ Often \_\_\_\_ Usually \_\_\_\_ Rarely \_\_\_\_ Never

Treats others courteously and with respect.

\_\_\_\_ Always \_\_\_\_ Often \_\_\_\_ Usually \_\_\_\_ Rarely \_\_\_\_ Never

1. **Independence and Judgement**

Employee performs the work with little or no supervision.

\_\_\_\_ Always \_\_\_\_ Often \_\_\_\_ Usually \_\_\_\_ Rarely \_\_\_\_ Never

Employee takes responsibility for decisions; involves appropriate people in the decision-making process.

\_\_\_\_ Always \_\_\_\_ Often \_\_\_\_ Usually \_\_\_\_ Rarely \_\_\_\_ Never

1. **Adherence to Policy**

Employee performs work in accordance with rules, regulation, policies & guidelines of LTC.

Employee performs work in accordance with regulations, policies & guidelines of LTC.

\_\_\_\_ Always \_\_\_\_ Often \_\_\_\_ Usually \_\_\_\_ Rarely \_\_\_\_ Never

Employee demonstrates safe work practices.

\_\_\_\_ Always \_\_\_\_ Often \_\_\_\_ Usually \_\_\_\_ Rarely \_\_\_\_ Never

What are the employee’s strengths, and what areas need improvement?

Please list any suggestions, training or courses the employee may need to improve his/her performance.

Employee’s comments:

Supervisor’s comments:

***Your signature on this document is only meant as an acknowledgement that you reviewed and discussed the foregoing and received a copy of the same.***

Employee

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_