



**Board of County Commissioners  
Escambia County, Florida  
EXEMPT EMPLOYEE PERFORMANCE EVALUATION**

Name: \_\_\_\_\_ Anniversary Date: \_\_\_\_\_

EID#: \_\_\_\_\_ Rating Period: \_\_\_\_\_ thru \_\_\_\_\_

Class: \_\_\_\_\_ Type Evaluation: ☐ Annual ☐ Close-out ☐ Probationary

Department: \_\_\_\_\_ Division: \_\_\_\_\_

**DEFINITION OF RATINGS**

**Instructions?**

**Outstanding (5 points):** Consistently exceeds the performance standard.

**Exceeds (4 points):** Consistently meets and often exceeds the performance standard.

**Meets (3 points):** Performs at the performance standard.

**Needs Improvement (2 points):** Occasionally meets the performance standard, seldom exceeds and often does not meet the performance standard.

**Unsatisfactory (1 point):** Consistently does not meet the performance standard.

**SECTION I. INDIVIDUAL PERFORMANCE STANDARDS:** Rate the employee's performance for each Individual Performance Standard listed below. Gpvt'j g'pwo dgt'qh'ucpf ctf u'tcvf 'lp'j g'ur ceg'r tqxkf gf 0"Vj g'total for all columns'cpf 'j g" cxgtci g'ueqtg'y kn'cwqo c'ecm' 'ecre'w'g0

	U 1	NI 2	M 3	E 4	O 5		U 1	NI 2	M 3	E 4	O 5
Character – Abides by the County's Ethics Policy. Complies with County policies, rules, regulations, ordinances and SOP's in performance of duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communication – Conveys information in a timely manner, effectively listens to others and provides appropriate feedback, and uses appropriate and accurate language in written and oral communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consensus – Provides diversity in group/team interactions, respects diverse ideas and opinions, and treats all with respect and helps foster good group morale.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Process Improvement – Actively participates in Process Improvement Teams as required, understands organizational, department, division processes and seeks ways to improve efficiency or enhance delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competency – Accepts responsibility for successes and failures, strives for excellence through continual self improvement and performance, and responds to organizational needs, deadlines and expectation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teamwork – Works well with others to achieve goals and objectives, treats others with fairness, dignity, and respect and participate as a hands-on team member when needed. Contributes necessary effort to make the team successful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment – Reports prepared and timely to work, appointments, meetings, training, etc., adjust performance and priorities to accommodate changes in department needs, and exhibits leadership, resourcefulness and willingness to achieve goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supervisory: Knowledge, Skill, Ability Consistently applies County and Department policies and procedures, manages assets including technology, personnel, equipment, budget and space. Ability to delegate when appropriate. Develops and motivates employees on an individual basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total All Columns: \_\_\_\_\_

.....Gpvt'pwo dgt'qh'ucpf ctf u'tcvf <.....Average Score (Column Total /%Kgo u): \_\_\_\_\_



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**EXEMPT EMPLOYEE PERFORMANCE EVALUATION**

**SECTION II. INDIVIDUAL GOALS AND OBJECTIVES:** The employee and supervisor shall discuss and agree on specific goals and objectives for the evaluation period. These goals and objectives shall be measurable and achievable. The employee shall be responsible for the completion of these goals and objectives. The supervisor shall provide guidance and support to the employee in the completion of these goals and objectives. The employee shall submit a written report of the completion of these goals and objectives to the supervisor at the end of the evaluation period.

GOALS AND OBJECTIVES	U 1	NI 2	M 3	E 4	O 5
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total All Columns: \_\_\_\_\_

Employee's Overall Evaluation Score: \_\_\_\_\_

Average Score (Column Total / %): \_\_\_\_\_

**SECTION III. OVERALL EVALUATION:** The average score for Section I and Section II shall be calculated and used to determine the overall evaluation score. The overall evaluation score shall be determined by the following scale:

Average Score Section I: \_\_\_\_\_

Average Score Section II: \_\_\_\_\_

Total Average Score: \_\_\_\_\_

Overall Evaluation Score: \_\_\_\_\_  
(Average Score Section I + Average Score Section II / 2)

☐ Unsatisfactory (1.00-1.99)     
 ☐ Needs Improvement (2.00-2.99)     
 ☐ Meets (3.00-3.99)     
 ☐ Exceeds (4.00-4.49)     
 ☐ Outstanding (4.50-5.00)

**SECTION IV. RATER COMMENTS:** This Section shall be completed for all evaluations. If the Rater requires additional space for comments, submit as an attachment. Comments by the Rater are required if the employee is rated Unsatisfactory, Needs Improvement, Exceeds, and Outstanding in the above Sections. These comments shall cite specific examples or describe specific actions that justify the rating.

**SECTION V. EMPLOYEE COMMENTS:** This section is optional for the employee. Please use attachment pages if additional space is needed.

**SECTION VI. SIGNATURES:** I certify that this evaluation of my job performance was discussed with me in its complete form. My signature does not necessarily signify agreement with this evaluation. I understand that refusal to sign the evaluation is not cause for discipline. There are no rights to grieve or appeal this evaluation.

Employee \_\_\_\_\_

Date \_\_\_\_\_

Rater (Manager/Supervisor) \_\_\_\_\_

Date \_\_\_\_\_

Department Director \_\_\_\_\_

Date \_\_\_\_\_

Upon completion of this evaluation at the Department level, please forward to the Human Resources Department for administrative and compliance review. The form will be placed in the employee's Official Personnel Folder.