



**Board of County Commissioners
Escambia County, Florida
NON-EXEMPT/HOURLY EMPLOYEE PERFORMANCE EVALUATION**

Name: _____ Anniversary Date: _____

EID#: _____ Rating Period: _____ thru _____

Class: _____ Type Evaluation: Annual Close-out Probationary

Department: _____ Division: _____

DEFINITION OF RATINGS

- 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. ORGANIZATIONAL PERFORMANCE INDICATORS

Instructions: Rate the employee's performance for each Organizational Performance Indicator listed below.

ORGANIZATIONAL PERFORMANCE INDICATORS	Unsatisfactory 1	Needs Improvement 2	Meets 3	Exceeds 4	Outstanding 5
Reports to work, meetings, and work activities as scheduled.	<input type="checkbox"/>				
Possesses necessary technical skill; strives to improve job knowledge and expertise.	<input type="checkbox"/>				
Operates equipment safely and economically.	<input type="checkbox"/>				
Able to work independently; displays appropriate initiative and motivation.	<input type="checkbox"/>				
Works effectively with other members of the organization.	<input type="checkbox"/>				
Analyzes situations, problems; evaluates alternatives and makes sound decisions.	<input type="checkbox"/>				
Provides timely, accurate, courteous service to customers and consistently shows pride in work.	<input type="checkbox"/>				

ORGANIZATIONAL PERFORMANCE INDICATORS (Continued)	Unsatisfactory 1	Needs Improvement 2	Meets 3	Exceeds 4	Outstanding 5
Presents and maintains a professional personal appearance.	<input type="checkbox"/>				
Accepts feedback positively and learns from it.	<input type="checkbox"/>				
Understands importance of duties; works toward performance at the highest level to enhance quality of life in the county.	<input type="checkbox"/>				

Total All Columns: _____

Gpvt'j g'pwo dgt'qh'Rgthqto cpeg'kpf'lecvtu'tcvgf <

Average Score (Column Total /#Items Rated): _____

SECTION II. INDIVIDUAL PERFORMANCE STANDARDS

Instructions: Rate the employee's performance for each Individual Performance Standard listed below. Gpvt'j g'pwo dgt'qh' r gthqto cpeg'ucpf ctf u'tcvgf 'lp'j g'ur ceg'r tqxkf gf 0'Vj g'vqcn'ht'cm'eqno pu'cpf 'j g'cxgtci g'ueqtg'y kn'cwqo c'ecm' 'ecr'w'v'g0"

INDIVIDUAL PERFORMANCE STANDARDS	Unsatisfactory 1	Needs Improvement 2	Meets 3	Exceeds 4	Outstanding 5
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

Total All Columns: _____

Gpvt'j g'pwo dgt'qh'Rgthqto cpeg'Ucpcf ctf u'tcvgf <"Average Score (Column Total/%kgo u'Tcvgf): _____

ADDITIONAL PERFORMANCE STANDARDS MAY BE ATTACHED

SECTION III. OVERALL EVALUATION

Instructions: Vj g'cxgtci g'ueqtg'u'for Sectionu I and II'y kn'cwqo c'ecm' 'r qr w'v'g0'Vj g'vqcn'Cxgtci g'Ueqtg'cpf vj g'Qxgtcm'Gxcn'w'v'kqp Ueqtg'y kn'cwqo c'ecm' 'ecr'w'v'g0 Ej gen'lj g'dqz'y j gtg'j g'xcn'g'qh'j g'Qxgtcm'Gxcn'w'v'kqp'Ueqtg'ku'tgr t'gug'v'g0

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)
- Need Improvement
(2.00-2.99)
- Meets
(3.00-3.99)
- Exceeds
(4.00-4.49)
- Outstanding
(4.50-5.00)

SECTION IV. RATER COMMENTS

Instructions: This section should be completed by the Rater if the employee is rated Unsatisfactory, Needs Improvement, Exceeds and Outstanding. These comments shall cite specific examples or describe specific actions that justify the rating. Please use attachment pages if additional space is needed.

SECTION V. EMPLOYEE COMMENTS

Instructions: This section is optional for the employee. Please use attachment pages if additional space is needed.

SECTION VI. SIGNATURES

Rater (Supervisor/Manager) Date

Department Director Date

Employee Date

I certify that this evaluation of my job performance was discussed with me in its completed 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.

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.