



Employee Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Non Exempt Performance Review

Position: \_\_\_\_\_

Performance Period: \_\_\_\_\_

<b>Performance Attributes</b> <i>Supervisors should make comments, if applicable, in the boxes below.                      If additional space is necessary, please attach a separate sheet.</i>	Well Above Expectations 4	Above Expectations 3	Meets Expectations 2	Below Expectations 1	Attribute Score (based on rating scale of 1-4)
<b>Knowledge and Skills</b>					
<b>Quantity Of Work Performed</b>					
<b>Quality Of Work Performed</b>					
<b>Attitude/Cooperation</b>					
<b>Communication Skills</b>					
<b>Initiative</b>					
<b>Adaptability</b>					
<b>Dependability</b>					
<b>Safety</b>					

Importance to Position (5%-25%)	Attribute Total (attribute score multiplied by %)
%	
%	
%	
%	
%	
%	
%	
%	
%	

**Total Score** \_\_\_\_\_  
(sum of attribute totals)

Additional Supervisor Comments:

*If additional space is necessary, please attach a separate sheet.*

Employee Comments:

*If additional space is necessary, please attach a separate sheet.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(My signature indicates that this evaluation has been reviewed by me and discussed with my supervisor. It does not imply that I agree with the evaluation.)*

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cabinet Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_