

City of Truth or Consequences

Supervisory Employee Performance Appraisal

Employee Name _____ Title _____

Department _____ Employee/Payroll Number _____

Reason for Review: Annual Promotion Unsatisfactory Performance
 Merit End Probation Period Other _____

Date employee began present position ____/____/____

Date of last appraisal ____/____/____ Next scheduled appraisal ____/____/____

INSTRUCTIONS – Carefully evaluate employee’s work performance in relation to current job requirement. Check box to indicate the employee’s performance. See below for definition of terms. Indicate N/A if not applicable.

RATING IDENTIFICATION

Exceeds Requirements – Work performance consistently **exceeds** the requirements of the position.

Meets Requirements – Work performance consistently **meets** the requirements of the position.

Improvement Needed – Work performance is **inadequate** to the requirements for the position. Immediate improvement is mandatory.

GENERAL FACTORS	RATING	SUPPORTIVE DETAILS OR COMMENTS
<p>1. Safety -- The extent to which the supervisor observes and promotes safety policies and enforces departmental compliance.</p>	<p>E <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>I <input type="checkbox"/></p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>2. Use of Initiative – The use of experience together with knowledge of departmental function, City policy, and budget to manage the department with a minimum of intervention by higher authority.</p>	<p>E <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>I <input type="checkbox"/></p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>3. Leadership – The capacity or ability to lead; i.e., the ability to, without coercion, obtain the best work from subordinates.</p>	<p>E <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>I <input type="checkbox"/></p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>4. Decision Making – The utilization of knowledge of departmental function, City policy, and immediate need to determine the solution to a project or problem under consideration.</p>	<p>E <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>I <input type="checkbox"/></p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>5. Cooperation with Other Departments – Willingness to work with other City Departments in order to achieve a goal for the overall good of the City</p>	<p>E <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>I <input type="checkbox"/></p>	<p>_____</p> <p>_____</p> <p>_____</p>

GENERAL FACTORS	RATING	SUPPORTIVE DETAILS OR COMMENTS
6. Oral and Written Communication – The capacity for exchange of thoughts, messages or information through writing, speaking, and/or listening.	E <input type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/>	_____ _____ _____
7. Evaluation of Subordinates – The ability to evaluate employees on the objective basis of his/her job-related duties and responsibilities without taking personal prejudices into consideration.	E <input type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/>	_____ _____ _____
8. Compliance with budget control – The degree to which a supervisor keeps the department's expenditures within the constraints of the department's approved budget.	E <input type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/>	_____ _____ _____
9. Fairness and impartiality – The ability to supervise in a fair or just manner through equitable distribution of workload and application of City policies, rules and regulations without favoritism.	E <input type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/>	_____ _____ _____

Complete all of the following sections.

- Accomplishments or new abilities demonstrated since last review. _____

- Specific areas of improvement needed. _____

- Recommendations for professional development (seminars, training, schooling, etc.) _____

- Rate employees overall performance in comparison to position specifications. (check one)

Exceeds Requirements Meets Requirements Improvement Needed

Comments: * _____

*If more space is required, attach separate sheet.

Discussed with individual on ____ / ____ / ____ Employee's Signature** _____

Follow-up requested/desired Yes ____ No ____ Follow-up Date ____ / ____ / ____

Evaluator's Signature _____ Date ____ / ____ / ____

Human Resources Signature _____ Date ____ / ____ / ____

**Employee's signature acknowledges receipt of this evaluation; it does not indicate agreement. If employee disagrees with the appraisal, he/she may attach comments.