Exempt employee Performance Appraisal

Review Date: Date in Job:

Name: Division:

Department: Job Title:

Officer Title:

EXPLANATION OF RATINGS

**Below Expectancy (Substandard)**

 0 = **Unsatisfactory** – Performance is consistently below acceptable standards.

 Immediate and substantial improvement required.

 1 = **Marginal** – Performance is slightly below acceptable standards. Improvement is

 needed to meet acceptable standards.

**Meets Expectancy (Acceptable Standards)**

 2 = **Minimally Satisfactory** – Performance meets minimum acceptable standards.

 Improvement necessary for consistent acceptable performance.

 3 = **Fully Satisfactory** – Performance consistently meets acceptable standards.

**Above Expectancy (Above Standard)**

 4 = **Above Average** – Performance is frequently above acceptable standards.

 5 = **Exceptional** – Performance is outstanding and consistently exceeds acceptable

 standards.

 **N/A** = **Not Applicable** – Performance not observed nor applicable. Explanation required.

(For each performance factor, circle the appropriate rating.)

I. **GENERAL PERFORMANCE FACTORS**

 **RATING FACTOR**

 0 1 2 3 4 5 A. **Technical Competency** – Demonstrated knowledge and understanding of all phases of the job.

 N/A

 Explanation of Rating

 0 1 2 3 4 5 B. **Quantity of Work** – Volume of work performed in relation to job requirements.

 N/A

 Explanation of Rating

(cont’d)

 **RATING FACTOR**

 0 1 2 3 4 5 C. **Quality of Work** – Accuracy and thoroughness of work performed.

 N/A Explanation of Rating

 0 1 2 3 4 5 D. **Work Planning** – Ability to analyze assignments and establish priorities for achievement of objectives.

 N/A

 Explanation of Rating

 0 1 2 3 4 5 E. **Cooperation** – Relationship with co-workers in performing assignments and ability to accept assignments willingly.

 N/A

 Explanation of Rating

 0 1 2 3 4 5 F. **Communication** – Effectiveness of written and oral communication skills with co-workers and/or customers in the performance of duties.

 N/A

 Explanation of Rating

II. **SUPERVISORY PERFORMANCE**

 **RATING FACTOR**

 0 1 2 3 4 5 A. Productivity Effectiveness – Performance in directing assigned work group in achieving work objectives.

 0 1 2 3 4 5 B. Problem-Solving Ability – Performance of supervisor in resolving work-related and employee-related problems.

 0 1 2 3 4 5 C. Development of Subordinates – Effective training and motivation of subordinates.

 0 1 2 3 4 5 D. Policy Compliance and Communication – Adherence to and communication of policies, procedures, benefits, etc., to subordinates.

(cont’d)

III. **ATTENDANCE/TARDINESS**

 Days Absent Days Tardy 🗆 Acceptable

 🗆 Needs Improvement

 🗆 Unacceptable

\*\*\***NOTE**: *DO NOT CONSIDER THE EMPLOYEE’S ABSENCES THAT WERE COVERED BY THE FAMILY AND MEDICAL LEAVE ACT, THE AMERICANS WITH DISABILITIES ACT, THE MARYLAND HEALTHY WORKING FAMILIES ACT (SICK AND SAFE LEAVE) OR OTHER LEAVES PROTECTED BY LAW.*\*\*\*

 Comments: (any “Needs Improvement” or “Unacceptable” rating requires comments)

IV. **SUMMARY COMMENTS**

 A. Employee’s significant strong points:

 B. Employee’s significant weak points:

 C. Necessary improvements:

 D. Development of future potential:

E. If applicable, describe the employee’s contributions to achieving the department/division profit plan objectives in the following areas:

 (1) Business development/income generation –

 (2) Reduction of expenses –

 (3) Other –

 F. Overall Assessment of employee’s performance

 0 1 2 3 4 5

(cont’d)

V. **EMPLOYEE COMMENTS**

I have reviewed this appraisal and discussed the contents with my supervisor and/or manager. 🗆 I agree

🗆 somewhat disagree 🗆 strongly disagree with the ratings and contents of the appraisal.

Employee Comments: (Required If Any Disagreement Indicated)

VI. **SIGNATURES**

Signature of Employee: Date:

Signature of Supervisor: Date:

Signature of Manager: Date:

Signature of Sr. Mgr./Exec Mgr.: Date:

Signature of President: Date:

Signature of Human Resources: Date:

NOTE: ALL APPLICABLE PERFORMANCE IMPROVEMENT PLANS SHOULD BE ATTACHED IF OVERALL RATING IS LESS THAN EXPECTED LEVEL.

***\*\*\*THE COMPANY IS AN AT-WILL EMPLOYER, MEANING THAT EITHER THE COMPANY OR EMPLOYEE CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON. THE RATINGS REFLECTED BY THIS FORM DO NOT ALTER THE PARTIES’ AT-WILL RELATIONSHIP.\*\*\****