



City of Urbandale, Iowa Employee Performance Evaluation Form

Instructions:

Each time a performance evaluation is created, save the form under the employee's name and the year of review (example: Joseph Jones 2019 Annual Review). Please review the employee's job description before beginning the review. If applicable, please read over the previous year's review before beginning the current year review.

Reviews are either probationary, annual, or other. The "other" category may be used if part of a performance improvement plan or if this is a monthly type review during the probationary period. There is a comment box for both the evaluator and the employee in each rating category. Comments by the evaluator are required if the employee is receiving a "Needs Improvement" or "Exceeds Expectations" in any of the elements within the ratings categories. The comment boxes will resize to fit all text.

Employees may self-assess using a blank copy of this form. Reviews should include a discussion between the Evaluator and the Employee of the ratings and also mutually agreed upon professional development and goals for the next rating period. Complete both the rating categories as well as the professional development/goals section, if applicable.

Reviews should be signed off on by the employee within 48 hours of receipt of the review. Employees can contest the review, and that too should take place, in writing, with 48 hours of the review discussion and receipt of the review. Reviews should be finalized with all appropriate signatures gathered, a copy provided to the employee and the original returned to Human Resources by **June 15th** for part time staff and between **September 1st** and **November 1st** for full time and permanent part time staff.

Note: Employees who have more than nine (9) elements marked in the combined rating categories as "Needs Improvement" should be placed on a performance improvement plan and reviewed monthly until satisfactory performance is achieved.

Step advancement on January 1st of the year following the annual review is automatic if the employee is not on a performance improvement plan. Employees whose most recent review have placed them on a performance improvement plan, will NOT automatically advance steps on January 1st of the following year. Step advancement will occur when performance levels are deemed satisfactory/meeting expectations, and they are no longer on a performance improvement plan.

Rating Categories:

All employees are to be rated on the first nine categories:

- Attendance/Punctuality
- Job Knowledge
- Productivity/Initiative
- Quality of Work
- Customer Service
- Professionalism
- Teamwork/Relationships
- Problem Solving
- Safety

Only Management and Supervisory employees should be evaluated on the last three categories:

- Decision-Making
- Leadership
- Safety Leadership

There are several elements in each category, and each element should be rated unless the element is not applicable to the employee's job classification.

Rating Scale:

Each rating category provides three categories of ratings on the scale. Descriptors for the ratings are below:

- **Needs Improvement Rating** – the employee's level of performance is **below the acceptable level** or may mean an employee is too new to the position and hasn't yet gained enough experience to be proficient in the rating category.
- **Meets Expectations Rating** – the employee **consistently achieves a standard performance level** and performance is similar to an average performer in the rating category.
- **Exceeds Expectations Rating** – employee performance level in the rating category is **consistently better** than what would be expected of other employees with similar job duties performing satisfactorily in the same rating category.

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| Employee Information | | Review Information | |
| Name: | | Evaluator: | |
| Job Title: | | Time Evaluator has supervised employee: | |
| Department: | | ____ Years ____ Months | |
| Time in Current Position: ____ Years ____ Months | | Date of Review: | |
| Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Perm PT <input type="checkbox"/> PT | | Type of Review: <input type="checkbox"/> Probationary <input type="checkbox"/> Annual <input type="checkbox"/> Other | |

Note: Employees who have more than nine (9) elements marked in the combined rating categories as “Needs Improvement” should be placed on a performance improvement plan and reviewed monthly until satisfactory performance is achieved.

| n/a | Needs Improvement | Meets Expectations | Exceeds Expectations | Rating Categories *Management/Supervisory Only |
|-----|-------------------|--------------------|----------------------|---|
| | | | | 1. Attendance/Punctuality |
| | | | | a) Maintains regular attendance |
| | | | | b) Routinely observes work hours |
| | | | | c) Schedules time off with appropriate advance notice |
| | | | | d) Observes appropriate call-in procedures |
| | | | | e) Keeps unplanned absences to a minimum |
| | | | | 2. Job Knowledge |
| | | | | a) Accomplishes daily assignments with minimal supervision |
| | | | | b) Routinely sequences tasks to complete projects/assignments |
| | | | | c) Stays up to date with changes in work processes/flow |
| | | | | d) Maintains proficiency in applicable skill sets |
| | | | | e) Complies with work rules, procedures, and policies |
| | | | | 3. Productivity/Initiative |
| | | | | a) Stays organized and manages time to complete daily tasks |
| | | | | b) Completes assigned duties without supervisory prompting |
| | | | | c) Routine tasks are completed at acceptable volumes |
| | | | | d) Communicates status of work when unexpected issues arise |
| | | | | 4. Quality of Work |
| | | | | a) Work products are generally accurate |
| | | | | b) Work products are generally complete and clear |
| | | | | c) Written communications are easily understandable |
| | | | | d) Deadlines for projects are usually met |
| | | | | 5. Customer Service |
| | | | | a) Is courteous, patient, and helpful to citizens and co-workers |
| | | | | b) Maintains good manners in person, on phone or via email |
| | | | | c) Practices good listening skills |
| | | | | d) Promptly responds to requests for information/assistance |
| | | | | 6. Professionalism |
| | | | | a) Supports positive work environment and accepts change |
| | | | | b) Accepts direction and performance feedback |
| | | | | c) Is professional and diplomatic in all communications |
| | | | | d) Remains open to professional development |
| | | | | e) Adheres to City’s Ethics, Conflict of Interest and Gift Policy |
| | | | | f) Maintains confidentiality |
| | | | | g) Wears appropriate attire and has proper level of hygiene |
| | | | | 7. Teamwork/Relationships |
| | | | | a) Positively interacts with others in favorable/difficult times |
| | | | | b) Committed to working together on projects/problem solving |
| | | | | c) Shares information, open-minded to solutions and ideas |
| | | | | d) Treats co-workers in a cooperative, equitable manner |

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|---------------------------------|--|--|--|---|
| | | | | e) Flexible when schedule changes occur due to work demands |
| Mark ranking with an "X" | | | | 8. Problem Solving |
| | | | | a) Approaches problems in a positive manner |
| | | | | b) Trouble-shoots potential causes of problems/issues |
| | | | | c) Identifies possible solutions to problems |
| | | | | d) Involves supervisors when may need additional resources |
| | | | | e) Shares information and seeks out additional input |
| Mark ranking with an "X" | | | | 9. Safety |
| | | | | a) Routinely engages in safe work practices |
| | | | | b) Attends safety trainings and implements learned techniques |
| | | | | c) Routinely wears personal protective equipment |
| | | | | d) Consistently uses tools and equipment in a safe manner |
| | | | | e) Drives defensively and with caution; wears seatbelt |
| | | | | f) Reports safety incidents via City's online system (SIR) |
| | | | | *Managers and Supervisors: |
| Mark ranking with an "X" | | | | 10. Decision-Making |
| | | | | a) Identifies potential issues and possible resolutions to same |
| | | | | b) Evaluates multiple options with objective analysis |
| | | | | c) Recommends course of action to supervisor(s) |
| | | | | d) Demonstrates sound judgment in making timely decisions |
| | | | | e) Is fiscally responsible with expenditures/budget requests |
| Mark ranking with an "X" | | | | 11. Leadership |
| | | | | a) Leads by example: attendance, organization, accuracy |
| | | | | b) Leads by example: work completion, time management |
| | | | | c) Effectively schedules and coordinates subordinates' work |
| | | | | d) Plans and organizes work efforts to achieve division's goals |
| | | | | e) Develops department's strategic plan or assists with same |
| | | | | f) Communicates effectively with other supervisors/peers |
| | | | | g) Cascades pertinent organizational/departmental info to staff |
| | | | | h) Demonstrates fair and objective supervision of subordinates |
| | | | | i) Effectively evaluates subordinates and sets goals as needed |
| | | | | j) Documents/addressess poor performance of subordinates |
| | | | | k) Identifies training and mentoring opportunities for staff |
| | | | | l) Recognizes accomplishments of subordinate staff and others |
| Mark ranking with an "X" | | | | 12. Safety Leadership |
| | | | | a) Support City's safety rules and initiatives |
| | | | | b) Promotes participation in voluntary safety committees |
| | | | | c) Observes subordinates at work sites for safety compliance |
| | | | | d) Reinforces safe work practices to subordinates |
| | | | | e) Takes corrective measures to mitigate safety hazards |

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| Evaluator Summary Comments <i>*please note comments by #category above</i> |
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| Employee Summary Comments <i>*please note comments by #category above</i> |
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| Accomplishments and Major Projects Completed in this Review Period | |
|--|-----------------|
| Description | Completion Date |
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| Professional Development/Future Goals/Objectives <i>(as agreed upon by Evaluator and Employee)</i> | | |
|--|-------------|-----------------|
| Category | Description | Completion Date |
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Instructions to the Evaluated Employee: Please sign this form within 48 hours of receiving it and return it to your Evaluator. Your signature does not indicate agreement, rather it indicates: your evaluator has discussed your review with you; has given you an opportunity to write comments; you have had the opportunity to develop goals for the next review period; and a copy of the evaluation has been provided to you. If you are contesting this review, please notify your evaluator in writing within 48 hours of receipt of your review.

| Signatures | |
|-----------------------------------|-------|
| Employee Signature: | Date: |
| Evaluator Signature: | Date: |
| Evaluator's Supervisor Signature: | Date: |
| Department Director Signature: | Date: |
| <i>Form approved March, 2019</i> | |