TOWN OF MILFORD

**EMPLOYEE EVALUATION INSTRUCTIONS**

Instructions:

1. Evaluations shall be completed only by supervisors who have directly observed the employee’s job performance.
2. Rating
	1. Read each category and its definition. Rate each employee using the following scale. Half points may be used during scoring (e.g. 2.5, 3.5) but do not give any employee a score higher than a 5.

|  |  |
| --- | --- |
| **Rating** | **Description** |
| 1 | Unacceptable - Unsatisfactory performance |
| 2 | Conditional - Requires improvement |
| 3 | Satisfactory - Meets expectations |
| 4 | Exceptional - Generally exceeds expectations |
| 5 | Outstanding - Substantially exceeds expectations |

* 1. If rating category is not applicable, place NA in Rating Box.
	2. If a rate of 2 or 1 is given, a Personnel Action Form must be completed. A plan should be in place to assist the employee with making improvements for continued employment. More frequent “check in’s” with the employee may be required. Human Resources should be consulted.
	3. Comment on each score including specific job performance examples or areas in need of improvement. List the employee’s strengths and accomplishments.
1. Types of evaluations
	1. **New hire evaluations** (probation conclusion evaluations) occur at the 6 month mark and then at the year anniversary for the 1st year. Following the first year, the employee will then follow the Town’s annual evaluation process.
	2. **Annual evaluations** must be submitted to the Human Resource Director by April 15th of each calendar year.
2. Meeting with the employee
	1. **Review the job description with the employee.** Discuss if the position has grown or shrunk. Make notes and meet with HR prior to any changes to the actual job description.
	2. Discuss the evaluation and comment with the employee on each score including specific job performance examples or areas in need of improvement. List/review the employee’s strengths and accomplishments. Comment boxes will expand as you type.
	3. In all cases, employees should know if they are: meeting requirements; exceeding requirements or needing improvement.
3. Goals
	1. List at least one or two goals to achieve over the course of a year. The following are representative (not all inclusive) of some goals that can be developed with staff.

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| **Hourly Staff, (Non Supervisory)*** Attendance
* Communication
* Professionalism
* Customer Service
* Job Knowledge
* Quality of Work
* Organizational Skills/Time Management
* Teamwork
 | **Salaried and/or Supervisory Staff*** Communication
* Job Knowledge
* Judgement and Decision Making
* Leadership
* Personal Accountability
* Stewardship/Accountability
* Teamwork
 |

1. Other
	1. Original evaluations shall be kept in each employee’s personnel file.
	2. Employees may attach rebuttals to items they are in disagreement with.
	3. If employee refuses to sign an evaluation, please make note of that on the evaluation.

TOWN OF MILFORD

**EMPLOYEE EVALUATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee: |  |  | Evaluation Date: |  |
| Department: |  |  | Current Title: |  |
| Hire Date: |  |  | Last change in position date: |  |
| Evaluation period: |  | to |  |  |
| Evaluation conducted by: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Evaluation Type |  | Employee Status |  |
|  | Probation Progress |  |  | Full-time |
|  | Probation Conclusion |  |  | Part-time |
|  | Annual Evaluation |  |  | Temporary |
|  | Other (specify) |  |  |  | Seasonal |

|  |  |
| --- | --- |
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| --- | --- |
| **Job Knowledge, Skills, and Abilities**The employee demonstrates the knowledge, skills and abilities necessary to perform work satisfactorily. | Rating: |
|  |
| Comments:       |

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| **Quality of Work**The employee demonstrates accuracy, attention to detail and effectiveness in completion of work. | Rating: |
|  |
| Comments:       |

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| **Productivity and Organization**The employee performs work with efficiency, consistency and timeliness. The employee utilizes organization and time management skills to improve performance. | Rating: |
|  |
| Comments:       |

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| **Decision Making and Flexibility**The employee uses good judgment and common sense to complete job assignments and recognizes when to ask for assistance. The employee is flexible and capable of changing a way of thinking and acting based on the needs of the department and community. | Rating: |
|  |
| Comments:       |

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| --- | --- |
| **Reliability and Initiative**The employee exhibits dependability and conscientiousness in performing work and a willingness to accept responsibilities. The employee seeks out new assignments and determines what must be done without being told. | Rating: |
|  |
| Comments:       |

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| **Communication and Customer Service**The employee demonstrates the appropriate level of written and verbal communication skills necessary to satisfactorily perform the job. The employee establishes positive relations with fellow staff and is responsive and courteous to resident inquiries. | Rating: |
|  |
| Comments:       |

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| **Teamwork and Work Relationships**The employee possesses the ability to maintain effective and productive working relationships with fellow employees, supervisors and the public. The employee sets a good example for others and promotes teamwork in the workplace. | Rating: |
|  |
| Comments:       |

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| **Safety and Policy Compliance**The employee adheres to rules and regulations to ensure safety standards are met and follows town and department guidelines. | Rating: |
|  |
| Comments:       |

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| --- | --- |
| **Personal Behavior**The employee is present and on time for work and meetings and responds appropriately to others. The employee maintains a clean and orderly work area, dresses appropriately and maintains an appropriate level of personal hygiene. | Rating: |
|  |
| Comments:       |

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| **Employee Strengths and Accomplishments:** |
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| --- |
| **Goals:** |
| **Employee Previous Goal(s):**  | **Was goal met?** | **If not met, why?** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

|  |  |
| --- | --- |
| **Employee New Goal(s):**  | **Timeline to complete (Q1, Q2, Q3, Q4)** |
| 1. |  |
| 2. |  |
| 3. |  |

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| --- |
| **Action to be taken: (check all that apply)** |
|  | Continue in employment |
|  | Recommend increase |
|  | Release from employment |
|  | End probation and continue in current position |
|  | Extend probation for |  | months |
|  | Reinstate to former position |
|  | Other (specify) |  |

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**Employee Signature: Date:**

I have reviewed this evaluation and have discussed it with my supervisor. My signature does not necessarily indicate my full agreement and I understand that I may indicate my reservations or disagreement with this evaluation in the space below or I may submit an attachment.

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**Evaluator Signature: Date:**

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| Comments: |

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**Department Head Signature: Date:**

|  |
| --- |
| Comments: |

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| \_\_\_\_\_\_\_Check here if employee rebuttal is attached. |