EMPLOYEE OPENING PERFORMANCE EVALUATION

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| **Employee Name:**  | **Employee ID:**  |
| **Supervisor Name:**  | **Anniversary Date (If Probationary):**  |
| **Evaluation Rating Period (career):** May 2 – May 1**Enter Evaluation Rating Period (probationary):**  | **Fiscal Year End:** Choose an item. |
| **Job Classification:** Choose an item. | **Position No:**  |
| **Status:** Choose an item.  | **Type Evaluation:** Opening |

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**Primary Job Purpose:** See signed classification description.

**List two (2) to four (4) major goals/assignments for the upcoming evaluation period.**

Refer to the Job Classification for the list of essential functions required of this position. In addition, the following specific goals/assignments are to be met during this and future reporting periods:

1.

2.

3.

4.

**1st Reviewer** (supervisor’s signature): DATE

*I ACKNOWLEDGE THAT I HAVE READ THIS REPORT AND THAT HAVE BEEN GIVEN AN OPPORTUNITY TO DISCUSS IT WITH THE EVALUATOR. MY SIGNATURE DOES NOT NECESSARILY MEAN THAT I AGREE WITH THE REPORT. I have reviewed these goals/assignments with my supervisor and understand what is expected of me during this rating period.*

**2nd Employee** (signature): DATE

Employee’s comments or rebuttal (Continue on additional sheets of 8.5 x 11 white paper.)

EMPLOYEE INTERIM PERFORMANCE EVALUATION

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| **Employee Name:**  | **Employee ID:**  |
| **Supervisor Name:**  | **Date:** Click or tap to enter a date. |
| **Status:** Choose an item.  | **Type Evaluation:** Interim |

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| **RATING AREAS****\***All areas required to be rated**\*** | **\*** Does NotAchieve | Achieves | Exceeds | **\***Exemplary |
| **Customer Service** – The degree to which one is prompt, empathetic, impartial/objective, courteous/polite and responsive to internal (co-workers) and external customers. |  |  |  |  |
| **Communication** – The degree to which one expresses him or herself clearly in written and oral communication with diverse audiences; is professional, diplomatic in communications with co-workers, external customers and supervisor/managers; and actively listens and responds appropriately. |  |  |  |  |
| **Adaptability & Flexibility** – Ability to respond to changes and situational demands in a complex and ever-changing environment. |  |  |  |  |
| **Productivity** – The degree to which one consistently produces work, meets deadlines and agreed-upon commitments, practices good time management, and organizes and balances assignments to achieve desired results. |  |  |  |  |
| **Quality of Work** – The degree to which one produces work that is neat, thorough and accurate; identifies and corrects errors; and conforms to procedures and standards. |  |  |  |  |
| **Job Knowledge** – Ability to acquire, maintain and apply knowledge necessary to perform job assignments; understands duties, procedures, equipment, skills, techniques and job related functions as required. |  |  |  |  |
| **Work Environment & Safety** – The degree to which one complies with general conditions of employment, security and workplace safety standards; uses equipment and materials safely for their intended purpose and consistent with applicable policies and procedures. |  |  |  |  |
| **Attendance & Punctuality** – Attends work regularly, arrives on time and works agreed-upon schedule. |  |  |  |  |
| **Accomplishment of Assigned Goals –** Of key job assignments, performance standards and goals set forth. Understands agency and unit vision and direction. Contributes to teamwork goals. |  |  |  |  |

**SELECT OVERALL RATING**: [ ] **\***Does Not Achieve [ ] Achieves [ ] Exceeds [ ] **\***Exemplary

\****Substantive comments mandatory on next page for each rating area(s) marked “Does not Achieve” or “Exemplary”. Comments are encouraged for ratings of “Achieves” and “Exceeds”.***

EMPLOYEE INTERIM PERFORMANCE EVALUATION

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**COMMENTS:** (Continue comments on additional sheets of 8.5 x 11 white paper, if needed)

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Signatures must be done in the order designated below, indicating that the performance ratings were reviewed and agree upon by the supervisor’s supervisor, prior to conducting the evaluation with the employee.

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**1st Rater** (supervisor signature): DATE

**2nd Reviewer** (supervisor’s supervisor signature): DATE

*I ACKNOWLEDGE THAT I HAVE READ THIS REPORT AND THAT HAVE BEEN GIVEN AN OPPORTUNITY TO DISCUSS IT WITH THE EVALUATOR. MY SIGNATURE DOES NOT NECESSARILY MEAN THAT I AGREE WITH THE REPORT.*

**3rd Employee** (signature): DATE

Employee’s comments or rebuttal (Continue on additional sheets of 8.5 x 11 white paper.)

EMPLOYEE FINAL PERFORMANCE EVALUATION

|  |  |
| --- | --- |
| **Employee Name:**  | **Employee ID:**  |
| **Supervisor Name:**  | **Fiscal Year End:** Choose an item. |
| **Status:** Choose an item.  | **Type Evaluation:** Final |

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| **RATING AREAS****\***All areas required to be rated**\*** | **\*** Does NotAchieve | Achieves | Exceeds | **\***Exemplary |
| **Customer Service** – The degree to which one is prompt, empathetic, impartial/objective, courteous/polite and responsive to internal (co-workers) and external customers. |  |  |  |  |
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| **Attendance & Punctuality** – Attends work regularly, arrives on time and works agreed-upon schedule. |  |  |  |  |
| **Accomplishment of Assigned Goals –** Of key job assignments, performance standards and goals set forth. Understands agency and unit vision and direction. Contributes to teamwork goals. |  |  |  |  |

**SELECT OVERALL RATING**: [ ] **\***Does Not Achieve [ ] Achieves [ ] Exceeds [ ] **\***Exemplary

\****Substantive comments mandatory on next page for each rating area(s) marked “Does not Achieve” or “Exemplary”. Comments are encouraged for ratings of “Achieves” and “Exceeds”.***

EMPLOYEE FINAL PERFORMANCE EVALUATION

**NOTE:** Do not select the Final overall rating “*Does Not Achieve*” unless employee was notified at least 30 days prior pursuant to the Collective Bargaining Agreement (CBA), in writing, that he/she is not meeting the performance standards.  Contact LOPD-HR email group if you are unable to award an Achieves or higher.

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**COMMENTS:** (Continue comments on additional sheets of 8.5 x 11 white paper, if needed)

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Signatures must be done in the order designated below, indicating that the performance ratings were reviewed and agree upon by the supervisor’s supervisor, prior to conducting the evaluation with the employee.

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**1st Rater** (supervisor signature): DATE

**2nd Reviewer** (supervisor’s supervisor signature): DATE

*I ACKNOWLEDGE THAT I HAVE READ THIS REPORT AND THAT HAVE BEEN GIVEN AN OPPORTUNITY TO DISCUSS IT WITH THE EVALUATOR. MY SIGNATURE DOES NOT NECESSARILY MEAN THAT I AGREE WITH THE REPORT.*

**3rd Employee** (signature): DATE

Employee’s comments or rebuttal (Continue on additional sheets of 8.5 x 11 white paper.)

**HR Representative Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**