

# *Ponderosa Community Services District*

**Policy Title:** Performance Evaluation

**Policy Number:** HR-503

1. This policy shall apply to all employees
2. The General Manager shall conduct a scheduled performance review of each employee annually. The General Manager shall consult with the appropriate board member coordinator during preparation of the evaluation.
3. Performance evaluations shall be in writing on the form prescribed by the General Manager and approved by the board. Said evaluation shall provide for recognition of effective performance. The evaluator will also provide a written narrative explanation.
4. The performance evaluation shall be signed by the evaluator and shall be discussed with the employee. The employee will be provided an opportunity to prepare a written response to the evaluation that will be attached to the evaluation for inclusion in her/her personnel file.
5. Unscheduled performance evaluations can be made at the discretion of the General Manger or upon formal request of the board president.

**EMPLOYEE PERFORMANCE REVIEW**

Employee Name:

Date:

Job Title:

Manager:

Circle One:      90 Day Review

Annual Review

**Ratings**

	Poor	Fair	Satisfactory	Good	Excellent
<b><u>Job Knowledge</u></b>					
Employee self rating	( )	( )	( )	( )	( )
Manager rating	( )	( )	( )	( )	( )
Comments:					

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**Work Quality**

Employee self rating	( )	( )	( )	( )	( )
Manager rating	( )	( )	( )	( )	( )
Comments:					

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**Attendance**

Employee self rating	( )	( )	( )	( )	( )
Manager rating	( )	( )	( )	( )	( )
Comments:					

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**Extra Initiative Taken**

Employee self rating	( )	( )	( )	( )	( )
Manager rating	( )	( )	( )	( )	( )
Comments:					

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**Communication & Listening Skills**

Employee self rating	( )	( )	( )	( )	( )
Manager rating	( )	( )	( )	( )	( )
Comments:					

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HR-103 Attachment 1

Additional comments:

Goals: (as agreed upon by employee and manager)

By signing this form, you confirm that you have discussed the review in detail with your supervisor  
Signing the forms does not necessarily indicate that you agree with this evaluation.

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Employee signature

Date

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Manager signature

Date