



# City of Kenai

## Employee Performance Evaluation

Employee Name: \_\_\_\_\_  
 Position Title: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Evaluation Period: \_\_\_\_\_

TYPE OF EVALUATION (MARK ONE):

PROBATION    PROMOTION    ANNUAL    EXIT    DEMOTION    DISCIPLINARY ACTION    REVIEW

Rating Codes: O – Outstanding  
 E – Exceeds Expectations  
 M – Meets Expectations  
 N – Needs Improvement  
 U – Unsatisfactory

Comments: Use the Comment spaces to describe the employee's strengths and weaknesses. Use additional space provided as necessary.

CATEGORY	RATING	COMMENTS
<b>QUANTITY:</b> Amount of work produced or performed and completion of work on schedule.		
<b>QUALITY:</b> Accuracy, neatness, thoroughness, and organization of work completed.		
<b>WORK HABITS:</b> Observance of working hours, rules, regulations, safety, attendance; compliance with work instructions, professional appearance.		
<b>INTERPERSONAL RELATIONS:</b> Getting along with fellow employees, supervisor(s), management; courteous and helpful interaction with public.		

CATEGORY	RATING	COMMENTS
<b>SUPERVISORY ABILITY</b> (if applicable): Planning and assigning; training and instructing; disciplinary control; evaluating performance; leadership; making decisions; fairness and impartiality; approachability; maintaining effective safety programs.		
<b>OVERALL:</b> Overall effectiveness on the job; strong points; weak points; steps to improve performance; future potential.		

**ADDITIONAL COMMENTS** (If applicable):

**EMPLOYEE COMMENTS** (Optional):

Employee may check this box to request a meeting with the reviewing officer. Pursuant to KMC 23.45.060 Employees' performance evaluation reports are not subject to the standard grievance procedure. An employee has the right to appeal his or her evaluation if the employee feels that the report is unfair.

**NOTE:** Employee signature below does not necessarily indicate agreement; signature represents acknowledgment and receipt of the evaluation. Continued performance that meets expectations through the end of the probationary period is required for successful completion of probation. Evaluation does not assure that an offer of permanent employment will be made at the end of the probationary period.

Rater Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Manager Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_