

**TOWN OF MANCHESTER, CONNECTICUT
EMPLOYEE PERFORMANCE EVALUATION REPORT
FOR MEU EMPLOYEES**

To: _____ Date: _____

Please complete and return to the Human Resources Department for processing by: _____

Employee Name: _____

Date of Hire: _____ Position Title: _____

Division: _____ Supervisor's Name: _____

Annual Evaluation Date: _____

Job Description Section: Attach copy of job description. Discuss each area. Correlate discussion with performance factors below. Attach additional sheets as necessary.

A. Job Strengths: _____

B. Areas Needing Improvement: _____

C. Recommendations for Improvement: _____

D. Achievement of Recommended Improvements: _____

Performance Factors:

Rating	<i>Quality of Work</i>	<i>Initiative</i>	<i>Pro-ductivity</i>	<i>Accepts Direction & Responsibility</i>	<i>Attitude</i>	<i>Public Contact</i>	<i>Observance of Work Hours/Attendance</i>
Excellent							
Good							
Fair							
Poor							

(1) Remarks (For Supervisor/Dept. Head) Any Excellent or Poor ratings require explanation: _____

(2) Employee suggestions or comments regarding work place issues such as safety, supervision and the general work environment: _____

(3) Employee Comments: This Evaluation: _____

(4) Personal Achievements not Highlighted on the Evaluation: _____

I have discussed job performance with this employee and he/she fully understands the basis for it.

I certify that this report has been discussed with me. I understand that my signature does not necessarily indicate agreement.

Supervisor's Signature

Employee's Signature

Date of Discussion

Date of Discussion

Division Manager Signature

Date of Division Manager Signature

Department Head Signature

Date of Department Head Signature

Director of Administrative Services: _____ Date: _____