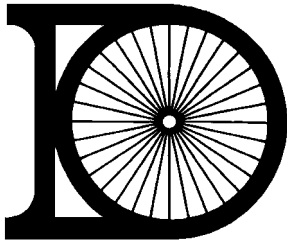


Initial and Interim Performance Review



City of Delaware
Ohio

Date: _____

Employee Name: _____

Position: _____

Evaluator Name: _____

Department: _____

Period of review: _____

Number of Rated Months: _____

ALL CATEGORIES REQUIRE COMMENTS (Use additional sheets as necessary)

1. Quality of Work:

• Goals: _____

• Progress: _____

2. Quantity of Work:

• Goals: _____

• Progress: _____

3. Rules and Regulations:

• Goals: _____

• Progress: _____

4. Interpersonal Skills:

- Goals: _____

- Progress: _____

5. Customer Service Delivery:

- Goals: _____

- Progress: _____

6. Attendance:

- Goals: _____

- Progress: _____

7. Supervisory Skill (Supervisor Only):

- Goals: _____

- Progress: _____

Training (Includes training identified by supervisor, employee, others):

- Goals: _____

- Progress: _____

Additional Employee Activities (Includes special assignments, projects, committees, recognition/awards):

- Goals: _____

- Progress: _____

Employee Comments: _____

Initial Review

Employee Initials/Date _____ Supervisor Initials/Date _____

Interim Review

Supervisor Signature _____ Date _____

Employee Signature _____ I saw this report on _____