

CITY OF PROVIDENCE PERFORMANCE EVALUATION

Name _____ Department _____

Title (Position Classification) _____

Working Assignment _____

Name of Rater _____

	<i>Unsatisfactory</i>	<i>Needs Improvement</i>	<i>Meets Expectations</i>	<i>Exceeds Expectations</i>
Planning (Long Range Goals & Assignments)				
Planning (Short Range Goals & Assignments)				
Organizing (Long Range Resources & Work Force)				
Implementing (Effectiveness of Efforts) Quality of Product Timeliness Clarity of Finished Record				
Controlling (Assignments and Work Force)				
Short Term Targets Long Term Goals Standards & Norms Personnel Practices				
Conduct Public With Peers Subordinates Initiative (Self Starter)				
Overall Evaluation				

Comments & Recommendations _____

Mark here if supplement included: YES _____ NO _____

Date discussed with employee: _____

Signed by Rater _____ Employee _____

SUPPLEMENT

(Please include if all comments/recommendations) do not fit on form.