**City of Irving**
Performance Evaluation

Employee Name: Click here to enter text. Department: Click here to enter text.

Current Position: Click here to enter text. Review Period: Click here to enter text.

Supervisor: Click here to enter text. Time in Current Position: Click here to enter text.

Second-level Supervisor: Click here to enter text. Time with Organization: Click here to enter text.

Six Month Review: [ ]  Annual Review: [ ]

**MISSION AND VISION ALIGNMENT**

Describe briefly how this employee advances the mission and vision of the City of Irving.

|  |
| --- |
| Click here to enter text. |

**SECTION A: REGULAR JOB DUTIES AND TASKS**

List regular job tasks and specific performance expectations included to evaluate how well the employee is performing. Indicate Exceeds Expectation (EE), Meets Expectation (ME), or Needs Improvement (NI) for the current review period. **Comments are required for items marked Exceeds Expectation (EE) or Needs Improvement (NI).**

| **Job Duties** | **Expectation** | **Level of Expectation Met** |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | [ ]  EE [ ]  ME [ ]  NI **Comment**: Click here to enter text. |
| Click here to enter text. | Click here to enter text. | [ ]  EE [ ]  ME [ ]  NI **Comment**: Click here to enter text. |
| Click here to enter text. | Click here to enter text. | [ ]  EE [ ]  ME [ ]  NI **Comment**: Click here to enter text. |
| Click here to enter text. | Click here to enter text. | [ ]  EE [ ]  ME [ ]  NI **Comment**: Click here to enter text. |
| Click here to enter text. | Click here to enter text. | [ ]  EE [ ]  ME [ ]  NI **Comment**: Click here to enter text. |
| Click here to enter text. | Click here to enter text. | [ ]  EE [ ]  ME [ ]  NI **Comment**: Click here to enter text. |
| Click here to enter text. | Click here to enter text. | [ ]  EE [ ]  ME [ ]  NI **Comment**: Click here to enter text. |

**SECTION B: ACCOMPLISHMENTS & GOAL SETTING**

Goals should add value to the department and/or support the department’s strategic focus and business plan. Goals listed below may be on-going projects or initiatives. In addition, goals may be set to improve individual performance that is not being addressed through formal training and development opportunities (Section C).

**Accomplishments for the Current Review Period**
List goals set during the prior review period. Indicate Exceeds Expectation (EE), Meets Expectation (ME), or Needs Improvement (NI) for the current review period. **Comments** **are required for each item marked with Exceeds Expectations (EE) or Needs Improvement (NI) for each goal, project or initiative.**

|  |  |  |
| --- | --- | --- |
| **Goal/Project/Initiative** | **Expectation/Milestones** | **Level of Expectation Met** |
| Click here to enter text. | Click here to enter text. | [ ]  EE [ ]  ME [ ]  NI **Comment**: Click here to enter text. |
| Click here to enter text. | Click here to enter text. | [ ]  EE [ ]  ME [ ]  NI **Comment**: Click here to enter text. |
| Click here to enter text. | Click here to enter text. | [ ]  EE [ ]  ME [ ]  NI **Comment**: Click here to enter text. |
| Click here to enter text. | Click here to enter text. | [ ]  EE [ ]  ME [ ]  NI **Comment**: Click here to enter text. |

**Future Goals**
Future goals are established for the next performance period (and beyond) and may be based on input from the employee. For any multiyear goals, set an expectation/milestone can be accomplished within the next review period.

|  |  |
| --- | --- |
| **Goal/Project/Initiative** | **Expectation/Milestones** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

**SECTION C: TRAINING AND DEVELOPMENT**

Has the employee completed all required City of Irving training?
Defensive Driving [ ]  Yes [ ]  No [ ]  N/A
Employment Law and Supervisory Practices [ ]  Yes [ ]  No [ ]  N/A
Harassment Refresher [ ]  Yes [ ]  No [ ]  N/A
Other ? Specify: Click here to enter text. [ ]  Yes [ ]  No [ ]  N/A

If not completed, explain? Click here to enter text.

**Training and Development for the Current Review Period**
 List and detail key training and development activities completed during the current review period.

|  |  |
| --- | --- |
| **Training or Development Completed** | **Date Completed** |
| Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter a date. |

**Future Training and Development**
List training and development activities to be completed during the next review period.

|  |  |
| --- | --- |
| **Training or Development Activity** | **Deadline** |
| Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter a date. |

**SECTION D: CORRECTIVE ACTION AND COACHING**

Describe any employee conduct issues or policy violations that have been discussed with the employee during the evaluation period. Include (with dates) any employee documented coaching/counseling and any corrective action(s) taken.

|  |
| --- |
| Click here to enter text. |

**SECTION E: SUPERVISOR COMMENTS**

Include a summary statement or any additional comments/coaching relating to topics not previously covered.

|  |
| --- |
| Click here to enter text. |

Supervisor Signature: Date:

Second level Supervisor Signature: Date:

The second level supervisor is responsible for reviewing the performance evaluation with the supervisor prior to it being discussed with the employee. Signature indicates that this review has occurred.

Employee Signature: Date:
The employee signature indicates receipt of the evaluation but does not necessarily reflect agreement with the evaluation ratings or comments.