

Employee Name:		Evaluation Date:			
Employee ID #:		Evaluation Period:		to	
Employee Position/Title:			Start Date:	to	End Date:
Employee Date of Hire:		Annual Review or Other:			
I. Job Knowledge					
		Expectations: Employee possesses skills, knowledge, and abilities to perform at a level commensurate with their level of training and as outlined by their job description			
Evaluator's Comments					
II. Professionalism & Organizational Representation					
		Expectations: Employee maintains professional appearance and complies with established policies and directives, continually considers their own appearance as a reflection of the department's, interacts with others outside the organization while representing the department in a professional manner			
Evaluator's Comments					
III. Initiative & Attitude					
		Expectations: Employee knows what needs to be done next to do the job, begins work without waiting to be told, shows interest in work			
Evaluator's Comments					
IV. Quality/Quantity of Work, Relationships with Others					
		Expectations: Completes duties as assigned, insures duties are completed error free, knows when to work with others to successfully complete an assignment, shares information with co-workers and keeps supervisor informed of work status, emerging problems or issues			
Evaluator's Comments					

Employee's Name: _____

V. Professional Development and Leadership	Expectations: Employee completes non-required training to improve job knowledge, skills, and abilities, instructs or assists others in improving their knowledge, skills, and abilities		
Evaluator's Comments			
VI. Attendance	Expectations: Excluding earned time off, employee is on time when reporting for duty and requests minimum interruptions in their work schedule, follows policy when requesting time off		
Evaluator's Comments			
VII. Safety and Workplace Environment	Expectations: Employee wears appropriate PPE or safety equipment where required, follows safety rules, policies, procedures, and directives		
Evaluator's Comments			
Evaluator's Name:		Evaluator's Position/Title:	
Evaluator's Signature:		Employee's Signature:	
Date:		Date:	
I hereby certify that this report constitutes my best judgment of the service value of this employee.		The employee's signature shall not be construed as meaning that the employee necessarily agrees with the evaluation, but merely that the employee has had the opportunity to review it with the evaluator.	

Employee's Name: _____

Evaluator's Recommendations for Improvement (use back if necessary):

Employee's Comments (use back if necessary):

Deputy Chief Signature:

Chief Signature:

I have reviewed this evaluation and all of its contents.

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Employee's Name: _____