

**TOWN OF MANCHESTER, CONNECTICUT  
EMPLOYEE PERFORMANCE EVALUATION REPORT  
FOR 991 PUBLIC WORKS EMPLOYEES**

To:

Date:

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

Employee Name:

Probation

Period Ends:

Date of Hire:

Position Title:

Division:

Supervisor's Name:

Evaluation Type: /\_\_ / Probationary /\_\_ / Promotional Probation /\_\_ / Intermediate /\_\_ / Annual

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:

<b>Rating</b>	<i>Quality of Work</i>	<i>Initiative</i>	<i>Pro-ductivity</i>	<i>Accepts Direction &amp; 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complete this section ONLY when conducting a Probationary Evaluation:**

- CHECK ONE: /\_\_\_/ Recommend for regular status  
/\_\_\_/ Recommend extending Probationary Period to:  
/\_\_\_/ Recommend terminating employee (Must meet with Human Resources Department prior to end of probation period.)

**Employees will receive a copy of this report signed by the highest ranking management official to review this document. All reports are confidential and may not be released from the employee's permanent record without approval of the employee and the Director of Human Resources.**

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: \_\_\_\_\_