

## RULE 13

### EMPLOYEE PERFORMANCE EVALUATIONS

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Evaluation Procedures - (13.2)

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Appeal - (13.4)

Employee Performance Evaluation Form (Non-Exempt Employees)

Work Performance Occurrence Form

## **RULE 13 EMPLOYEE PERFORMANCE EVALUATIONS**

### **13.1 Types of Evaluations:**

- A. Probation: Each probationary employee shall have his or her skills, work performance and conduct appraised and evaluated at least twenty (20) calendar days prior to the conclusion of his probationary period. Other appraisals and evaluations may be made at other times during the probationary period at the discretion of the Appointing Officer or Department Head.
- B. Permanent: Each permanent employee shall have his or her skill, work performance and conduct, evaluated and appraised at least annually as of the anniversary date of his original appointment, promotion, transfer, reassignment or demotion to his or her current position, whichever date is the more recent. Other evaluations and appraisals may be made at other times at the discretion of the Department Head.
- C. Other: Performance/evaluation reports on Department Heads and other key staff members as shall be as determined by the Appointing Officers.

### **13.2 Evaluation Procedures:**

Evaluation and appraisal of an employee's skill, work performance and conduct shall be made on the Employee Performance Evaluation Form (including the Work Performance Occurrence Form, page 13-11) provided or any form subsequently designated for the purpose by the Department of Human Resources. The Work Performance Occurrence Form may be used by the immediate supervisor and/or Department Head in the rating period to report either a work performance occurrence having a favorable and positive impact on work accomplishments or to describe work performance occurrence having an adverse or negative impact.

An evaluation and appraisal of an employee that is unsatisfactory in any consideration shall be discussed with the employee by his or her immediate superior or as determined by the Department Head. The employee shall be given the opportunity to initial each such category as evidence that the matter has been explained to and discussed with him or her. Such initialing by the employee is not to be considered either concurrence or non-concurrence with the evaluation. A copy of the form is to be given to the employee.

A represented employee who is evaluated at or below, Below Work Performance Standards, or a non-represented employee who is evaluated at or below, Needs Improvement, will receive a sixty (60) day notice, that if their performance does not improve to at least Meets Work Performance Standards for a represented employee or Meets Expectations for a non-represented employee, their employment with the City of Sarasota may be subject to potential termination. The employee must be afforded the opportunity to meet with their direct supervisor and Department Head to have the expectations of the department relative to the job standards clearly articulated in writing.

Regular communications should occur between the supervisor and employee during this period to provide feedback on the employees' progress. It will be the responsibility of the employee to work diligently to improve their performance so as to eliminate the potential for termination. If an employee has received a promotion and during the class probation of his or her new position, receives a rating of less than meets expectations, the employee may have their class probation

extended for a period not to exceed twelve (12) months after promotion date. If the performance is less than meets expectations after this period, all attempts will be made to place the employee in a position comparable to the position held prior to the promotion so that termination will not be necessary.

### **13.3 Submission:**

- A. The preparation of an Employee Performance Evaluation shall be the responsibility of the immediate supervisor of the employee. All such reports shall be reviewed by the Department Head who shall then forward them to the Director of Human Resources for final review before they are placed in the personnel file of the employee to become a permanent part of the employee's service record.
- B. Employee Performance Evaluation ratings shall be considered in all matters concerning changes in the status of the employee – general increase (across-the-board), merit increase, promotions, demotions, transfer, layoff, re-employment. (See Employee Performance Evaluation Form for Represented Employees, Pages 13-3 through 13-6 and Pages 13-7 through 13-10 for Employee Performance Evaluation form for Non-Represented Employees.)
- C. An Employee Performance Evaluation shall also be made in compliance with the following:
  - (1) When the employee is assigned to another supervisor (rater) as a result of a promotion, transfer or reclassification of either, the individual or the rater.
  - (2) Not less than sixty (60) calendar days after the most recent Employee Performance Evaluation.
  - (3) When the Appointing Officer or Department Head has requested an evaluation.

### **13.4 Appeal:**

When an employee disagrees with the rating, he or she may appeal to the Reviewing Officer. After review and recommendation the appeal shall be forwarded to the Department Head for review and consideration.

The decision of the Department Head shall be final. In the event that the Department Head is the Reviewing Officer, there is no appeal from his or her decision



**CITY OF SARASOTA, FLORIDA  
EMPLOYEE PERFORMANCE EVALUATION  
General Employees  
Non-exempt**

NAME (Last, First, MI)		EMPLOYEE #	SENIORITY DATE
DEPARTMENT		POSITION TITLE	POSITION HIRE DATE
EVALUATION PERIOD:		DATE OF REVIEW	
FROM:	TO:		
PURPOSE OF REPORT:	Probationary	<input type="checkbox"/>	RATED BY:
	Promotional	<input type="checkbox"/>	
	Annual	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	

**INSTRUCTIONS FOR COMPLETION**

You must provide written documentation in support of any rating below 2.0 and for any rating of 4.5 and above. Any rating of 1.0 must be accompanied by a record of disciplinary action.

The written justification necessary for the corresponding ratings must be contained in the comments section of the criteria being rated. Use the Action Plan and Rater overall comments sections to expand on the above-required explanations.

The Rater and Department Head/Designee must sign and date the form.

**PERFORMANCE RATINGS:** Click in the box that represents the number which appears above or between the level(s) performance which most closely match(es) the performance demonstrated by the employee during the appraisal period. If goals were established, performance ratings should reflect their progress.

## 1. PRODUCTIVITY

The amount of work an individual does in a workday.

 1 1.5 2 2.5 3 3.5 4 4.5 5

Usually below acceptable standard for work unit.

Barely acceptable level of output. A slow worker.

Meets expectation of average output for work unit.

Very industrious. Does more than is required.

Excellent producer. Generates maximum output.

COMMENTS:

## 2. QUALITY OF WORK

Accuracy, neatness, and thoroughness of work effort.

 1 1.5 2 2.5 3 3.5 4 4.5 5

Produces a poor quality of work. Makes frequent errors. Someone must always check work.

Produces work of marginal quality which often contains errors. Careless.

Quality of work is good. Usually accurate. Conscientious about doing quality work.

Produces high quality, accurate work. Seldom makes mistakes.

Produces outstanding, precise, neat, and accurate work.

COMMENTS:

### 3. JOB KNOWLEDGE

Demonstrates the knowledge and abilities necessary to perform the job.

- 1
- 1.5
- 2
- 2.5
- 3
- 3.5
- 4
- 4.5
- 5

Lacks knowledge to perform the job. Has difficulty performing job duties. Requires major improvements.	Marginal job knowledge. Often has to ask how to do routine job duties. Requires improvement in many areas.	Good job knowledge. Possesses knowledge and skills to perform the duties of the position.	Above average job knowledge. Possesses and applies skills and job knowledge and rarely needs to ask for job information.	Applies an outstanding level of job knowledge. Possesses and uses broad and detailed knowledge of all aspects of the job.
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COMMENTS:

### 4. TEAMWORK

The ability to work well with co-workers and supervisors in own department and throughout the City.

- 1
- 1.5
- 2
- 2.5
- 3
- 3.5
- 4
- 4.5
- 5

Causes friction among workers. Tends to gripe and argue. Antagonistic. Does not help others.	Occasionally is difficult to work with. Will help others when asked.	Works willingly with others. Is good at achieving cooperation.	Very cooperative. Is quick to offer help. Gets along well with most people. Very good team worker.	Extremely cooperative. Constantly offers aid. Always available to others. Outstanding team worker.
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COMMENTS:

**5. INITIATIVE**

The ability to be a self-starter and to show resourcefulness.

11.522.533.544.55

Needs constant supervision to start and complete tasks. Is not resourceful.

Requires close supervision to start and complete tasks. Is rarely resourceful.

Follows tasks through to completion. Is reasonably resourceful.

Very good initiative and follow through. Is resourceful and uses ability to think through problems.

Superior initiative and follow through. Highly resourceful and shows superior ability to think through and solve problems.

COMMENTS:

**6. SAFETY**

Adheres to safety standards and participates in safety related activities.

11.522.533.544.55

Shows consistent disregard for safety procedures and regulations that result in lost time accidents or damage to property.

Sometimes careless in work habits that could result in lost time accidents or damage to property.

Meets all safety requirements for position.

Exceeds established safety requirements. Identifies hazardous conditions and situations and brings them to attention of supervisor.

Identifies hazardous conditions and situations and takes corrective action. Safety habits are a model for other employees to follow.

COMMENTS:

### 7. CUSTOMER SERVICE

Demonstrates courtesy and effectiveness in dealing with customers, internally and externally.

<input type="checkbox"/> 1	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2	<input type="checkbox"/> 2.5	<input type="checkbox"/> 3	<input type="checkbox"/> 3.5	<input type="checkbox"/> 4	<input type="checkbox"/> 4.5	<input type="checkbox"/> 5
Unsatisfactory. Has frequent problems in dealing with co-workers and customers.	Occasionally discourteous in dealing with co-workers and customers. Sometimes tactless.		Good skills in dealing with the public and co-workers. Usually courteous and effective.		Communication skills are well developed. Makes extra effort to help.			Extremely courteous and effective. An exemplary role model.

COMMENTS:

### 8. WORK HABITS/TIME MANAGEMENT

The ability to organize one's work efficiently and work under pressure.

<input type="checkbox"/> 1	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2	<input type="checkbox"/> 2.5	<input type="checkbox"/> 3	<input type="checkbox"/> 3.5	<input type="checkbox"/> 4	<input type="checkbox"/> 4.5	<input type="checkbox"/> 5
Constantly wastes time. Does not organize work. Is unable to handle pressures of the job.	Occasionally does not use time wisely and is often disorganized. Occasionally cannot handle pressures of the job.		Uses time and equipment well. Is well organized. Can handle the pressures associated with the job.		Frequently makes extra effort to organize work. Frequently uses time and equipment effectively.			Constantly uses time and equipment to the fullest. Always has work organized beyond what is expected. Is able to work effectively in high pressure situations.

COMMENTS:

## 9. ATTENDANCE

Employee can be depended upon to report to work as scheduled.

1

1.5

2

2.5

3

3.5

4

4.5

5

Excessively absent, tardy or unavailable for work. Does not meet established standards. Requires immediate improvement.

Absence or tardiness is frequent.

Regular attendance. Consistently on time.

Seldom absent. Prompt. Notification of absence is timely and to the correct person.

Perfect attendance and punctuality.

COMMENTS:

### PERFORMANCE SUMMARY

1. Productivity	
2. Quality of Work	
3. Job Knowledge	
4. Teamwork	
5. Initiative	
6. Safety	
7. Customer Service	
8. Work Habits/Time Management	
9. Attendance	
<b>SUBTOTAL</b>	

PLEASE NOTE: If an area does not apply, please indicate with the number 0 and divide the subtotal by the number of applicable categories.

**PERFORMANCE RATING:** \_\_\_\_\_ (Sub-total/9)

- 4.6 – 5      **OUTSTANDING**
- 4.0 – 4.5      **ABOVE AVERAGE**
- 3.0 – 3.9      **SATISFACTORY**
- 2.0 – 2.9      **NEEDS IMPROVEMENT**
- 1.0 – 1.9      **UNSATISFACTORY**

**Action Plan: Identify actions that will help employees improve performance. Identify what the employee can do to develop and improve in areas previously discussed.**

(Goals should be developed for employees grade 15 and above.)

**GOALS: Accomplishment of previous year's goals, if any established.**

**GOALS: Goals for next evaluation. Minimum of 3, maximum of 5.**

**Rater's Overall Comments:**

Rater's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employee's Comments:**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

My signature signifies that I have reviewed the contents of this evaluation and I had to opportunity to discuss any questions I had with the rater.

**Department Head/Designee Comments:**

Department Head/Designee  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Human Resources Director's Comments:**

Human Resources Director  
Signature \_\_\_\_\_ Date \_\_\_\_\_

CAREER DEVELOPMENT:

1. Review Career Ladder with Employee.
2. Employee Career Desire:
  
3. Comparison of Employee background and position requirements:
  
  
4. Employee Action Items:
  
  
  
5. City Action Items:

Employee: \_\_\_\_\_

Rater: \_\_\_\_\_

**This page is to be used as a planning tool only and is not a guarantee that City funding will be available for proposed training, educational reimbursement, and/or Career Ladder promotions.**



**CITY OF SARASOTA, FLORIDA  
EMPLOYEE PERFORMANCE EVALUATION  
General Employees  
Exempt**

NAME (Last, First, MI)		EMPLOYEE #	SENIORITY DATE
DEPARTMENT		POSITION TITLE	POSITION HIRE DATE
EVALUATION PERIOD:		DATE OF REVIEW	
FROM:	TO:		
PURPOSE OF REPORT:	Probationary	<input type="checkbox"/>	RATED BY:
	Promotional	<input type="checkbox"/>	
	Annual	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	

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Please indicate if any section is not applicable.

The Rater and Department Head/Designee must sign and date the form.

**PERFORMANCE RATINGS:** Click in the box that represents the number which appears above or between the level(s) performance which most closely match(es) the performance demonstrated by the employee during the appraisal period. If goals were established, performance ratings should reflect their progress.

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COMMENTS:

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Very cooperative. Is quick to offer help. Gets along well with most people. Very good team worker.

Extremely cooperative. Constantly offers aid. Always available to others. Outstanding team worker.

COMMENTS:

**5. INITIATIVE**

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Follows tasks through to completion. Is reasonably resourceful.

Very good initiative and follow through. Is resourceful and uses ability to think through problems.

Superior initiative and follow through. Highly resourceful and shows superior ability to think through and solve problems.

COMMENTS:

**6. RECORDS AND REPORTS**

The ability to produce accurate reports and to maintain records.

11.522.533.544.55

Reports are inaccurate and not on time. Sloppy record keeping. Often careless with reports, records and/or files.

Sometimes careless with records and/or files. Records not kept properly.

Reports are usually accurate and timely. Handles records properly.

Reports are consistently accurate and on time. Records are neat and in order. Requires little or no supervision.

Does original research. Reports are well written and planned. Records are exemplary. Works independently.

COMMENTS:

### 7. CUSTOMER SERVICE

Demonstrates courtesy and effectiveness in dealing with customers, internally and externally.

<input type="checkbox"/> 1	<input type="checkbox"/> 1.5	<input type="checkbox"/> 2	<input type="checkbox"/> 2.5	<input type="checkbox"/> 3	<input type="checkbox"/> 3.5	<input type="checkbox"/> 4	<input type="checkbox"/> 4.5	<input type="checkbox"/> 5
Unsatisfactory. Has frequent problems in dealing with co-workers and customers.	Occasionally discourteous in dealing with co-workers and customers. Sometimes tactless.		Good skills in dealing with the public and co-workers. Usually courteous and effective.		Communication skills are well developed. Makes extra effort to help.			Extremely courteous and effective. An exemplary role model.

COMMENTS:

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Constantly wastes time. Does not organize work. Is unable to handle pressures of the job.	Occasionally does not use time wisely and is often disorganized. Occasionally cannot handle pressures of the job.		Uses time and equipment well. Is well organized. Can handle the pressures associated with the job.		Frequently makes extra effort to organize work. Frequently uses time and equipment effectively.			Constantly uses time and equipment to the fullest. Always has work organized beyond what is expected. Is able to work effectively in high pressure situations.

COMMENTS:

**9. ATTENDANCE**

Employee can be depended upon to report to work as scheduled.

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Excessively absent, tardy or unavailable for work. Does not meet established standards. Requires immediate improvement.

Absence or tardiness is frequent.

Regular attendance. Consistently on time.

Seldom absent. Prompt. Notification of absence is timely and to the correct person.

Perfect attendance and punctuality.

COMMENTS:

**10. MAINTAINING SAFETY OF OTHERS/SAFE WORK AREA**

Employee maintains a safe work environment and insures safety of others.

 1 1.5 2 2.5 3 3.5 4 4.5 5

Excessive accidents occur and work area disorganized.

Accidents are frequent and work area disorganized.

Accidents infrequent. Work area messy but does not have safety issues.

Accidents are rare. The work area is clean and organized. What accidents that do happen are of a minor nature.

The area has a perfect safety record. Work area is always clean and orderly.

COMMENTS:

**PERFORMANCE SUMMARY**

1. Productivity	
2. Quality of Work	
3. Job Knowledge	
4. Teamwork	
5. Initiative	
6. Records/Reports	
7. Customer Service	
8. Work Habits/Time Management	
9. Attendance	
10. Maintain safety of others/safe work area.	
<b>SUBTOTAL</b>	

PLEASE NOTE: If an area does not apply, please indicate with the number 0 and divide the subtotal by the number of applicable categories.

**PERFORMANCE RATING:** \_\_\_\_\_ (Sub-total/10)

- 4.6 – 5      **OUTSTANDING**
- 4.0 – 4.5    **ABOVE AVERAGE**
- 3.0 – 3.9    **SATISFACTORY**
- 2.0 – 2.9    **NEEDS IMPROVEMENT**
- 1.0 – 1.9    **UNSATISFACTORY**

**Action Plan: Identify actions that will help employees improve performance. Identify what the employee can do to develop and improve in areas previously discussed.**

(Goals should be developed for employees grade 15 and above.)

**GOALS: Accomplishment of previous years goals, if any established.**

**GOALS: Goals for next evaluation. Minimum of 3, maximum of 5.**

**Rater's Overall Comments:**

Rater's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employee's Comments:**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

My signature signifies that I have reviewed the contents of this evaluation and I had to opportunity to discuss any questions I had with the rater.

**Department Head/Designee Comments:**

Department Head/Designee  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Human Resources Director's Comments:**

Human Resources Director  
Signature \_\_\_\_\_ Date \_\_\_\_\_





# WORK PERFORMANCE OCCURRENCE

Name of Employee:

Job Title: \_\_\_\_\_

Department:

**NOTE:** Use this form to report either a work performance occurrence having a favorable and positive impact on work accomplishment or to describe a work performance occurrence having an adverse or negative impact.

Describe nature of incident or activity, including date, time and location:

Persons involved - observers, witnesses, if any:

Actions to be taken to provide for recognition of and commendation for favorable activity or event (if appropriate), or actions to prevent recurrence of incorrect or inadequate employee behavior, including guidance and/or assistance to be provided by supervisor (if applicable):

Impact of occurrence on group or team performance (if applicable):

Additional training or equipment requirements (if applicable):

Employee's signature: \_\_\_\_\_

Date:

Employee comments, if any:

Supervisor's signature: \_\_\_\_\_

Date:

Department Head Review: \_\_\_\_\_

Date:

(Use additional attachments as needed)