

**CITY OF CANTON  
EVALUATION FORM**

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

<b>JOB PERFORMANCE RATINGS:</b> 1=Exceptional; 2=Very Good; 3=Satisfactory; 4=Improvement Needed; 5=Unsatisfactory						1. Improving 2. Same 3. Regressing	Comments: (If necessary to explain rating)
<b>Job Performance Factor</b>	1	2	3	4	5		
Job Knowledge							
Job Skills							
Work Output-Quality							
Work Output-Quantity							
Equipment Care & Safety							
Cooperation & Attitude							
Dependability							
Attendance/Tardiness							
Initiative							
Team Worker							
Other							
Overall Appraisal (Summary Rating)							

What are this employee's strongest points \_\_\_\_\_

What steps should be taken to improve this employee's job performance in his/her present Classification \_\_\_\_\_

Demonstrated ability to perform in higher classification \_\_\_\_\_

Demonstrated inability to perform in present classification \_\_\_\_\_

List goals for improvement \_\_\_\_\_

Other Comments \_\_\_\_\_

**Employee Comments** \_\_\_\_\_

I hereby acknowledge that a review of this evaluation has taken place. I may, or may not, agree with the comments.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

I am witnessing the refusal of the above named employee to sign this evaluation.

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
WITNESS SIGNATURE