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**Performance Evaluation – Mid Year**

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| --- | --- | --- |
| Employee Name | Job Title | Evaluation Date |
|  |  |  |
| Supervisor’s Name | Supervisor’s Title | Service Area (Department) |
|  |  |  |

1. Is the employee effectively supporting the mission of the Department and his/her team? If no, please describe why and create an action plan for improvement.
2. Is the employee’s behaviors and professionalism a reflection of the Department core values? If no, please describe why and create an action plan for improvement.
3. Review the employee’s current job duties and evaluate performance based on job-related issues.

Describe or attach goals from previous appraisal period.

1)

2)

3)

Provide a summary of where the employee is with achieving his/her goals.

1)

2)

3)

If goals haven’t been completed, please provide an action plan for completing goals. If goals have been completed, please set new goals.

1)

2)

3)

Other Comments/Notes: Supervisor

Other Comments/Notes: Employee

 \_ Employee Date

 \_ Supervisor Date