

CITY OF BILLINGS
PERFORMANCE APPRAISAL INSTRUMENT
MAINTENANCE AND RELATED PERSONNEL
REPORT FORM

1. Type of Review

_____ Annual

_____ Other

2. Review Period

From _____ To _____

3. Next Review Date _____

CITY OF BILLINGS

PERFORMANCE APPRAISAL REPORT FORM MAINTENANCE AND RELATED PERSONNEL

| | |
|-------------------|-----------------------------------|
| 4. Employee Name: | 5. Employee Classification/Title: |
| 6. Department: | |

DEFINITION OF RATINGS

Superior:

Performance is consistently and significantly beyond established standards. Achieves performance objectives at a fully outstanding level and demonstrates exceptional skill levels.

Exceeds Expectations:

Performance is consistently above adequate skill levels. Achieves performance objectives, often beyond expectations.

Meets Expectations:

Performance consistently meets job requirements. Achieves performance objectives as stated.

Needs Improvement:

Performance in one or more skills is less than expected and needs improvement. Direction, supervision and learning are required if performance objectives are to be achieved.

Unsatisfactory:

Performance in several skills is substantially weak. Performance objectives are not met even with close supervision. Substantial improvement by the employee is required.

PART I: MAINTENANCE AND RELATED PERSONNEL PERFORMANCE DIMENSIONS (Cont.)

JOB SKILLS:

Has a thorough knowledge and is able to effectively perform the work in assigned area.

Has a full working knowledge of the operating characteristics of the equipment, machines, and tools used in the assigned area.

Is able to effectively operate equipment and machines.

Cares for and maintains equipment, machines, and tools.

Understands applicable methods, techniques and procedures.

Has a thorough understanding of the organization and functions of the assigned area.

| Rating | | | | |
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Comments:

SUPERVISORY GUIDELINES:

Performs the assigned duties and responsibilities within the supervision guidelines listed in the class specification for his/her assigned classification.

Works with the appropriate level of independence.

Understands his/her assigned duties and responsibilities as well as his/her role in the Department.

Carries out responsibilities in a timely manner and does not require direction and/or instruction beyond what would typically be expected based upon the assigned classification as defined by the class specification.

Appropriately addresses new and varying work assignments and situations in accordance with the established policies and procedures of the assigned area.

| Rating | | | | |
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Comments:

SAFE WORK METHODS AND PROCEDURES:

Is aware of safe work practices, methods, and procedures.

Ensures compliance with and follows safe work practices, methods, and procedures.

| Rating | | | | |
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Comments:

PART I: MAINTENANCE AND RELATED PERSONNEL PERFORMANCE DIMENSIONS (Cont.)

GOALS AND OBJECTIVES:

Develops challenging goals and objectives which correspond with overall Department goals and objectives.

Is able to develop qualitative and quantitative measurement criteria and standards in order to achieve goals and objectives.

Effectively implements mid-year revisions in order to meet changing needs and directions.

| Rating | | | | |
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Comments:

LEAD SUPERVISION (If appropriate):

Is effective in motivating others and firm in handling problems.

Delegates and assigns duties appropriately.

Uses existing procedures to monitor tasks or activities.

Takes action to monitor and follow up the results of delegated assignments.

| Rating | | | | |
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Comments:

PART II: PERFORMANCE PLANNING OBJECTIVES

| PERFORMANCE OBJECTIVE STATEMENTS | QUALITATIVE AND QUANTITATIVE MEASUREMENT CRITERIA AND STANDARDS | MID-YEAR/ANNUAL STATUS REVIEW |
|----------------------------------|--|-------------------------------|
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PART III: OVERALL PERFORMANCE SUMMARY

Given the performance dimension ratings and review of accomplishment of performance objectives, the employee's overall performance is rated as:

Superior

Exceeds Expectations

Meets Expectations

Needs Improvement

Unsatisfactory

Comments:

Actions for Improvement/Development:

Date: _____ Immediate Supervisor's Signature: _____

Date: _____ Evaluation Meeting Conducted By: _____

By: _____

By: _____

REVIEW COMMENTS AND SIGNATURES

FIRST LEVEL REVIEW

Comments:

Date: _____ Signature: _____
Title: _____

SECOND LEVEL REVIEW

Comments:

Date: _____ Signature: _____
Title: _____

DEPARTMENT DIRECTOR

Comments:

Date: _____ Signature: _____
Title: _____

MAINTENANCE AND RELATED EMPLOYEE

Comments:

I understand the contents of this appraisal and it has been discussed with me.

Date: _____ Employee's Signature: _____