

Company Performance Expectations and Measures

Name:
Supervisor:

Position:
Evaluator:

Fiscal Year:
Review Date:

Performance Expectations	Target Date	Measure				Comments
General						
1) Responds to internal and external requests for information or action with the specified time	On-going	<input type="checkbox"/> Always	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Never	
2) Maintains a positive attitude toward work, other employees, and the public.	On-going	<input type="checkbox"/> Always	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Never	
3) Maintains a collaborative and cooperative interaction with teams members	On-going	<input type="checkbox"/> Always	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Never	
4) Maintains good work habits with respect to:						
<ul style="list-style-type: none"> ▪ Time spent on task (i.e., maintains scheduled hours of arriving and leaving work and break times) 	On-going	<input type="checkbox"/> Always	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Never	
<ul style="list-style-type: none"> ▪ Tidy office and workspace 		<input type="checkbox"/> Always	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Never	
<ul style="list-style-type: none"> ▪ Personal appearance 		<input type="checkbox"/> Always	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Never	

Specific *					
1)		<input type="checkbox"/> Met expectation Date: _____	<input type="checkbox"/> Partially met expectation Date: _____	<input type="checkbox"/> Did not meet expectation Date: _____	
2)		<input type="checkbox"/> Met expectation Date: _____	<input type="checkbox"/> Partially met expectation Date: _____	<input type="checkbox"/> Did not meet expectation Date: _____	
3)		<input type="checkbox"/> Met expectation Date: _____	<input type="checkbox"/> Partially met expectation Date: _____	<input type="checkbox"/> Did not meet expectation Date: _____	
4)		<input type="checkbox"/> Met expectation Date: _____	<input type="checkbox"/> Partially met expectation Date: _____	<input type="checkbox"/> Did not meet expectation Date: _____	

*For all specific expectations provide evidence that documents your achievement of a performance expectation and date the point in time when you met an expectation.

I, _____, have reviewed the performance expectations identified above, and agree with the wording of the expectation, the target date(s), and identified measures.

Signature of Employee

Date

Signature of Employer

Date