

# CASS COUNTY

## INDIVIDUAL DEVELOPMENT AND PERFORMANCE PROGRAM



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

Department: \_\_\_\_\_ Unit: \_\_\_\_\_

Rating Period-From: \_\_\_\_\_ To: \_\_\_\_\_

Grade/Step: \_\_\_\_\_

Reason for Appraisal: \_\_\_\_\_ End of Probationary Period \_\_\_\_\_ Quarterly \_\_\_\_\_ Annual \_\_\_\_\_ Special

General Appraisal of Employee Performance	Evaluation by: Employee	Evaluation by: Employer
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Complete items 1- 10 for all employees  A thorough discussion of the ratings between the employee and the supervisor is essential to the success of the evaluation process.	Satisfactory	Needs Improvement	Not Satisfactory	Satisfactory	Needs Improvement	Not Satisfactory
<b>1. Job Knowledge:</b> Consider knowledge of duties and responsibilities as well as technical knowledge required to meet those duties and responsibilities.						
<b>2. Productivity:</b> Evaluate amount of work completed successfully compared to expectations for this job.						
<b>3. Quality:</b> Rate accuracy, completeness, economy of work – overall quality.						
<b>4. Initiative:</b> Self-motivation – consider amount of direction required, efforts to improve methods and techniques, consistency in trying to do better.						
<b>5. Use of Time:</b> Uses available time wisely, completes tasks on schedule, punctual.						
<b>6. Planning:</b> Sets realistic objectives, logical priorities, anticipates and prepares for future requirements, allocates resources economically.						
<b>7. Follow-up:</b> Maintains control of task assignments, following through to completion.						
<b>8. Human Relations:</b> Contributes to a cordial work climate, communicates, promotes harmony and enthusiasm, maintains appropriate attitude toward co-workers, clients, and customers.						
<b>9. Leadership:</b> Sets high standards, encourages others to perform efficiently, communicates well.						
<b>10. Contribution to Department Goals:</b> Evaluate understanding and contribution to county wide and departmental goals.						

Add any additional comments on reverse side. Attach additional sheets pursuant to departmental procedures/expectations.

**Summary:** Overall Performance Review \_\_\_\_\_ Achieves the requirements of the position \_\_\_\_\_ Does not achieve the requirement of the position

**Supervisor Comments:**

  
  
  
  
  
  
  
  
  
  

**Employee Comments:**

## NOTICE TO EMPLOYEE REGARDING PERFORMANCE DATA

This self-assessment tool is part of your performance evaluation retained in your personnel file. Cass County is therefore required to provide the following data privacy notice:

The information requested on this self-evaluation is being collected as a part of Cass County's performance management system. The information may be used by Cass County in making decisions regarding your performance, job duties and assignments and in evaluating policies and practices of Cass County. If necessary, the information may also be used in administrative proceedings or disciplinary actions. You are not legally required to provide any of the information requested by this form at this time. However, the failure to provide all relevant information may result in Cass County decisions being made without the benefit of your input. The information which you provide on this self-evaluation is private personnel data that may only be released, as needed, to Cass County supervisory employees and the Board of Commissioners, its legal counsel, agents of Cass County, other individuals and entities authorized by law to receive it, or as ordered by a court of law.

Supervisor Signature	Title	Date
Department Head Signature	Title	Date
<b>Employee Certification:</b> By signing this appraisal I acknowledge that I have read and had an opportunity to discuss the contents with my supervisor. I also acknowledge that I have been given an opportunity to read the foregoing NOTICE TO EMPLOYEE REGARDING PERFORMANCE DATA prior to being interviewed. I understand that I retain the right to prepare and submit comments on any areas of this appraisal.		
Employee Signature		Date

Please provide the employee with the original, retain a copy for your records and submit copies of the review form to your department payroll contact.  
Updated on September 13, 2010.