

JOHNSON COUNTY
KANSAS

Nonexempt Performance
Appraisal

Name:

Employee Number:

Title:

Review Date:

Department:

Hire Date:

Reason For Appraisal:

Salary:

Grade:

CR:

APPRAISAL SUMMARY

Exceeds-Performance consistently exceeds the position's performance expectations.

Fully Meets-Performance meets all position performance expectation. Often exceeds normal expectations of the position.

Meets Most- Performance meets most position performance expectations. Needs assistance or counseling. Performance improvement is required.

Provisional-Performance clearly fails to meet position expectations. Performance improvement is required.

PRIORITY GROUP			PERFORMANCE ACHIEVEMENTS: Document actual performance in relation to the performance expectations which are described in the performance plan.	EX	FM	MM	PR
1	2	3					
PERFORMANCE ACHIEVEMENT SUMMARY RATING							

JOB FACTORS	EX	FM	MM	PR
Attendance & Punctuality: Hours Sick Leave Used: Unscheduled Leave Hours: LWOP:				
Cooperates with Co-workers:				
Cooperates with Supervisor:				
Safety:				

PERFORMANCE IMPROVEMENT ACTION PLAN

Must be completed for any performance area rated below "fully meets" or may be used to outline additional performance goals.

Improvement Areas

Action Required

Performance Improvement Action Plan will be reviewed on _____ to discuss progress.

PERFORMANCE TRIAL PERIOD

Completion of performance trial period

___ Satisfactory
___ Unsatisfactory, extend ___ months to

Supervisor Comments:

Supervisor's Signature

Date

Manager's Signature

Date

Department Head's Signature

Date

Employee's Comments:

*Employee Signature

Date

* I have read and discussed the contents of this appraisal with my supervisor.

**PERFORMANCE ACHIEVEMENT SUMMARY
RATING WORKSHEET**

Employee's Name:

Department:

Review Date:

1. List priority group and rating for each duty and responsibility.

Priority Group 1, 2, or 3	Duties & Responsibilities	Rating
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	

2. List ratings in each priority group.

Priority Group 1 =

Priority Group 2 =

Priority Group 3 =

3. Determine if there is a predominant rating in Priority Group 1. Exceeds (EX), Fully Meets (FM), Meets Most (MM), Provisional (PR).

Example: EX, FM, FM - Predominant Rating is FM

Example: Ex, FM - No Predominant Rating

RULE: Performance Achievement Summary Rating cannot exceed the predominant rating in Priority Group 1. In the first example above, the Performance Achievement Summary Rating cannot exceed FM. In the second example, the Performance Achievement Summary Rating cannot exceed EX.

4. Review ratings in the 2nd and 3rd Priority Groups and determine if they:
(1) support the predominant or highest rating in Priority Group 1, or (2) lower the summary rating.

LOWER

SUPPORT

5. Assign a Performance Achievement Summary Rating.

RETURN THIS WORKSHEET WITH THE PERFORMANCE APPRAISAL SUMMARY.

NON-EXEMPT PERFORMANCE PLAN

NAME:

TITLE:

REVIEW PERIOD FROM:00/00/00 TO: 00/00/00

DEPARTMENT:

PRIORITY GROUP			DUTIES AND RESPONSIBILITIES	PERFORMANCE EXPECTATIONS
1	2	3		

JOB FACTORS

- a. Attendance and punctuality
 - b. Cooperates with co-workers
 - c. Cooperates with supervisor
 - d. Safety
- a. Demonstrates dependability which contributes to the department's productivity.
 - b. Works and interacts with others to accomplish overall department goals.
 - c. Willingly accepts supervisory direction and guidance.
 - d. County and department safety rules and regulations are followed.

Supervisor's Signature

Date

Employee's Signature

Date