



COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

PERFORMANCE REVIEW & EVALUATION FORM (CLERICAL/ADMINISTRATIVE)

Employee Name: _____ Employee No.: _____
 Department Name: _____ Supervisor Name: _____
 Position Title: _____ Date: _____

PERIOD REVIEW DATES:

FROM: _____ TO: _____

- ANNUAL EVALUATION PROBATION (New Hire)
 PERIODIC REVIEW OTHER _____

TASK RATING SCALE (1-10)		
(1-3) Very Poor (4-6) Poor (7-8) Meet Requirements (9-10) Exceeds Requirements		
RATING RANGE		RATING
1.	Ability to prepare and maintain detailed records, files and reports.	
2.	Works under minimal supervision with extensive latitude for the use of initiative and independent judgment.	
3.	Ability to communicate effectively and handle administrative duties and assignments.	
4.	Knowledge of office practices and procedures.	
5.	Skill in the use of standard office equipment and software.	
6.	Ability to prioritize workload, manage work effort and multi-task duties while maintaining good communication.	
7.	Able to work as part of a team, as well as work independently, and thrive in a demanding work environment.	
8.	Ability to implement policies and procedures.	
9.	Demonstrates willingness to learn new skills to enhance job performance.	
10.	Performs a full range of duties and responsibilities associated with the job.	
TOTAL:		

OVERALL PERFORMANCE RATING			
Does Not Meet Requirements (DNMR)	69 or Less	Exceeds Requirements (ER)	80 - 89
Meets Requirements (MR)	70 - 79	Exceptional Performance (EP)	90 - 100



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COMMENTS (if any):

ACKNOWLEDGEMENT

By signing this form, I confirm that this performance review has been discussed with me and acknowledge that it will become part of my employee file.

Employee Signature

Date

Immediate Supervisor

Date

Department Head / Elected Official

Date