



# COUNTY OF HIDALGO

## DEPARTMENT OF HUMAN RESOURCES

### PERFORMANCE REVIEW & EVALUATION FORM (MANAGEMENT/PROFESSIONAL)

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 supervise the development and implementation of County projects.	
2.	Ability to develop guidelines, procedures, rules and regulations.	
3.	Establishes goals and objectives; plans and assists with the development of schedules, priorities and standards for achieving goals.	
4.	Effectively communicates orally and in writing with the public, county officials and employees.	
5.	Promptly obtains and provides accurate and complete information when requested by members of the public, officials and employees.	
6.	Plans and coordinates administrative assignments and programs.	
7.	Ability to work with minimal supervision with extensive latitude for the use of initiative and independent judgement.	
8.	Ability to oversee personnel issues including assigning duties and maintaining a professional and cooperative environment in the office.	
9.	Ability to read and interpret documents such as safety rules, operating and maintenance instructions and procedure manuals.	
10.	Carries out supervisory responsibilities in accordance with policies and applicable laws; ability to address complaints and resolve problems.	
<b>TOTAL:</b>		

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



# COUNTY OF HIDALGO

## DEPARTMENT OF HUMAN RESOURCES

### 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