



# COUNTY OF HIDALGO

## DEPARTMENT OF HUMAN RESOURCES

### ACKNOWLEDGEMENT OF EMPLOYEE PERFORMANCE

Employee Name: \_\_\_\_\_ Employee No.: \_\_\_\_\_

Department Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PERIOD REVIEW DATES:** FROM: \_\_\_\_\_ TO: \_\_\_\_\_

<b>DOES NOT MEET REQUIREMENTS</b>	
Performance at this level is consistently below the expectation for the job. Employee does not demonstrate the necessary knowledge, skill, or ability to perform assigned tasks.	<input type="checkbox"/> <b>DNMR</b>
<b>MEETS REQUIREMENTS</b>	
Performance at this level meets the minimum expectations of assigned work tasks and responsibilities. A meets requirements rating indicates that the employee should be encouraged to improve performance, through additional training or additional effort.	<input type="checkbox"/> <b>MR</b>
<b>EXCEEDS REQUIREMENTS</b>	
Performance at this level indicates the employee meets and consistently exceeds expectations, using ability and experience to produce the desired job results. This level of performance indicates the employee is fully competent and demonstrates the ability to make significant efforts in the overall improvement of the Department.	<input type="checkbox"/> <b>ER</b>

**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