



COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

PERFORMANCE REVIEW & EVALUATION FORM *(FIELD OPERATIONS/TRADES)*

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.	Works under minimal supervision with latitude for the use of initiative and independent judgment.	
2.	Ability to supervision and train semi-skilled or unskilled workers.	
3.	Complies with all applicable health and safety regulations, policies and established work practices.	
4.	Knowledge of materials, equipment and procedures.	
5.	Ability to understand and follow verbal and written directions or instructions.	
6.	Demonstrates knowledge and skills necessary to perform the job effectively.	
7.	Exceeds job requirements, makes contributions well beyond job demands.	
8.	Displays an openness to new ideas and supports improvement.	
9.	Takes initiative to perform new or unassigned work related tasks.	
10.	Punctual and reports to work according to assigned work schedule.	
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