



COUNTY OF HIDALGO

DEPARTMENT OF HUMAN RESOURCES

PERFORMANCE REVIEW & EVALUATION FORM (SUPERVISORY/TECHNICAL)

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 use judgment in determining the most appropriate methods and procedures to complete assignments.	
2.	Ability to clarify and resolve policy issues that arise during projects.	
3.	Ability to maintain good working relationships with employees and members of the public.	
4.	Ability to develop, evaluate and interpret administrative policies and procedures and supervise the work of others.	
5.	Ability to work independently or as part of a team.	
6.	Communicates well both orally and in writing.	
7.	Ability to plan, assign and/or supervise the work of others.	
8.	Possess organizational skills with the ability to perform under minimal level of stress.	
9.	Is able to inspect work areas and plan, organize and coordinate work projects.	
10.	Ability to write and read routine reports, correspondence, technical manuals, forms, logs, etc.	
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