

# Performance Evaluation of Macon Dept. Head/Supervisor

Score

Evaluator's Name:

Date:

Evaluation of:

Employee

# :

Dept:

My Daily contact with Department Head/Supervisor is:

Performance Period:  To:

Indicate the degree of your agreement with the statements in the questionnaire.

## LEADERSHIP

1. Facilitates establishment of realistic and well defined goals.
2. Encourages excellence in work performance.
3. Assumes leadership in solving problems.
4. Appropriately represents the interests of the Department.
5. Fosters positive collaboration with the community, supervisors/Board and other Governmental agencies.
6. Provides support and direction for the development of new initiatives.
7. Supports the recruitment and retention of staff that reflects quality.

  
  
  
  
  
  

Additional  
Comments

## ADMINISTRATIVE MANAGEMENT

8. Plans ahead and anticipates changing needs and circumstances.
9. Allocates resources (personnel, money, equip., etc) effectively and efficiently.
10. Effectively recruits staff.
11. Follows through on stated commitments.

  
  
  

Additional  
Comments

## DECISION MAKING

12. Exercises flexibility in making decisions.
13. Makes fair and objective decisions.
14. Makes timely decisions and sees that they have been implemented properly.

  
  

Additional  
Comments

## COMMUNICATION

15. Deals appropriately with difficult situations.
16. Works effectively with Supervisors/Board, community and other governmental agencies.
17. Works effectively with the Media
18. Is open to new ideas and viewpoints
19. Gives prompt feedback
20. Communicates time deadlines appropriately and gives adequate lead time when possible.
21. Maintains appropriate confidentiality.

  
  
  
  
  
  

Additional  
Comments

**PROFESSIONAL QUALITIES**

22. Is actively involved in county activities and professional organizations.

23. Is active in professional organizations.

24. Maintains high standards of professional conduct.

25. Maintains a healthy prospective in the face of disappointing outcome.


**Additional Comments**

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**General Comments**

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**OVERALL EVALUATION**☐ (22-50) Does not meet Standards.☐ (51-81) Meets Standards.☐ (81-100) Exceeds Standards**Employee's Signature** \_\_\_\_\_

(Signature acknowledges discussion of evaluation, not agreement)

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**Date :****Supervisor's Signature** \_\_\_\_\_

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**Date :****Director's Signature** \_\_\_\_\_

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**Date :****Strongly Agree (4):**

A response of STRONGLY AGREE would indicate that the supervisor is exemplary in this facet of the position and consistently performs at a level to which other supervisors should aspire.

**Agree (3):**

A response of AGREE would indicate that the supervisor generally performs adequately in this facet of the position and exhibits some traits that directly attribute to the betterment of the department under their supervision.

**Neutral (2):**

A response of NEUTRAL would indicate that there are no complaints with the supervisor; however, there is nothing that stands out in the employee's performance that would warrant a higher rating.

**Disagree (1):**

A response of DISAGREE would indicate that the supervisor performs poorly in this facet of the position but demonstrates a general level of competency in the position.

**Strongly Disagree (0):**

A response of STRONGLY DISAGREE would indicate that the supervisor has demonstrated an incapability in this facet of the job to the detriment of the department. It may also indicate that a disciplinary action has been taken against the supervisor relevant to this facet of job performance.

**No Basis for Comment :**

**Not Applicable (null):** A response in this category indicates that the evaluator can find no relevance or correlation between the listed criteria and the position. This response provides no credit or demerit to the supervisor in the evaluation