

**TOWN OF HOLLISTON  
EMPLOYEE PERFORMANCE EVALUATION**

**Employee:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_

<b>QUALITY OF WORK</b>	<b>Excellent</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Fair</b>	<b>Unsatisfactory</b>
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- |                                      |       |       |       |       |       |
|--------------------------------------|-------|-------|-------|-------|-------|
| A. Demonstrates knowledge of the job | _____ | _____ | _____ | _____ | _____ |
| B. Performs work with accuracy       | _____ | _____ | _____ | _____ | _____ |
| C. Work is neat and presentable      | _____ | _____ | _____ | _____ | _____ |
| D. Work is thorough                  | _____ | _____ | _____ | _____ | _____ |

<b>Summary of QUALITY OF WORK</b>	_____	_____	_____	_____	_____
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**QUANTITY OF WORK**

- |                               |       |       |       |       |       |
|-------------------------------|-------|-------|-------|-------|-------|
| A. Completes work on time     | _____ | _____ | _____ | _____ | _____ |
| B. Does Extra work when asked | _____ | _____ | _____ | _____ | _____ |

<b>Summary of QUANTITY OF WORK</b>	_____	_____	_____	_____	_____
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**WORK HABITS**

- |   |       |       |       |       |       |
|---|-------|-------|-------|-------|-------|
| A. Is regular in attendance at work   | _____ | _____ | _____ | _____ | _____ |
| B. Observes established working hours   | _____ | _____ | _____ | _____ | _____ |
| C. Carries out tasks in orderly and diligent manner   | _____ | _____ | _____ | _____ | _____ |
| D. Demonstrates the ability to work without immediate supervision   | _____ | _____ | _____ | _____ | _____ |
| E. Complies with instructions, rules and regulations including health and safety precautions where applicable | _____ | _____ | _____ | _____ | _____ |

<b>Summary of WORK HABITS</b>	_____	_____	_____	_____	_____
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**WORK ATTITUDES**

- |   |       |       |       |       |       |
|---|-------|-------|-------|-------|-------|
| A. Endeavors to improve work techniques           | _____ | _____ | _____ | _____ | _____ |
| B. Accepts new ideas and procedures               | _____ | _____ | _____ | _____ | _____ |
| C. Accepts constructive criticism and Suggestions | _____ | _____ | _____ | _____ | _____ |
| D. Accepts responsibility willingly               | _____ | _____ | _____ | _____ | _____ |
| E. Demonstrates interest in work                  | _____ | _____ | _____ | _____ | _____ |
| F. Acts with good judgment                        | _____ | _____ | _____ | _____ | _____ |
| G. Demonstrates initiative and drive              | _____ | _____ | _____ | _____ | _____ |
| H. Is adaptable to emergencies and new Situations | _____ | _____ | _____ | _____ | _____ |

<b>Summary of WORK ATTITUDES</b>	_____	_____	_____	_____	_____
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**RELATIONSHIPS WITH OTHERS**

- |  |       |       |       |       |       |
|--|-------|-------|-------|-------|-------|
| A. Works well with co-workers                      | _____ | _____ | _____ | _____ | _____ |
| B. Cooperates with supervisors and fellow Workers  | _____ | _____ | _____ | _____ | _____ |
| C. Observes established channels of Communications | _____ | _____ | _____ | _____ | _____ |
| D. Deals effectively with the public               | _____ | _____ | _____ | _____ | _____ |

<b>Summary of RELATIONSHIPS WITH OTHERS</b>	_____	_____	_____	_____	_____
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Excellent	Good (above standard)	Satisfactory (standard)	Fair (below standard)	Unsatisfactory
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	Excellent	Good	Satisfactory	Fair	Unsatisfactory
SUPERVISORY ABILITY					
A. Demonstrates leadership ability	_____	_____	_____	_____	_____
B. Is fair and impartial in relationships with subordinates	_____	_____	_____	_____	_____
C. Makes timely decisions	_____	_____	_____	_____	_____
D. Evaluates Performance of subordinates effectively.	_____	_____	_____	_____	_____
E. Maintains a high degree of discipline among employees	_____	_____	_____	_____	_____
F. Functions as a member of a management Team	_____	_____	_____	_____	_____
G. Anticipates problems and takes appropriate action	_____	_____	_____	_____	_____
Summary of SUPERVISORY ABILITY	_____	_____	_____	_____	_____
OVERALL EMPLOYEE EVALUATION					

Comments: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

Employee Comments: \_\_\_\_\_

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