ORANGE COUNTY GOVERNMENT F L O R I D A	SUPERVISOR PERFORMANCE EVALUATION	Meets performance requirements at the time of evaluation?					
Employee Name:	First						
Employee ID Number:	Position Title:	WI. I.					
Department:	Division:						
Evaluation Period: From: Next Review Date:	To:						
Performance Standards:							
E - Exceeds:	Performance consistently exceeds job requ •••••••exceptional productivity, efficiency, and eff (Written comment is required)						
M - Meets:	Performance consistently meets job require productivity, effectiveness, and competency						
N - Needs Improvement: Performance does not consistently meet all job requirements; improvement is necessary to attain expected level of performance. (Written comment is required)							
N/A	Not Applicable						

Evaluation Forms:	Attached: Yes No		
Section A - Core Elements - Required for all employees.			
Section B - Position Specific Elements - Job specific performance. Recommended for all employees.			
General Comments - Required for all employees.			





## Section A - Core Elements

E -Exceeds M - Meets

N - Needs Improvement N/A - Not Applicable

Last					First	M.I
mployee ID Number:		Pos	ition	Title:		
Core Elements	E	М	N	N/A	Comme ( <mark>Required if</mark> E Needs Improveme	xceeds or
1. Quality						
- Demonstrates accuracy & thoroughness in work.						
- Monitors own work to ensure details are correct.						
- Demonstrates knowledge and understanding of area of work.						
2. Ethics and Accountability				ī		
<ul> <li>Accountable &amp; responsible for all personal actions.</li> </ul>						
Adheres to high ethical standards, honesty, & loyalty.						
- Accountable for assigned tasks.						
3. Planning and Organization						
<ul> <li>Works in a well thought-out manner in accordance with accepted standards.</li> </ul>						
<ul> <li>Demonstrates effective time management in day-to-day activities.</li> </ul>						
- Meets attendance & punctuality guidelines.						
- Asks for help if needed.						
4. Communication and Customer Servio	ce					
- Exhibits good listening, understanding, & clarification skills.						
- Responds appropriately to questions.						
<ul> <li>Expresses ideas &amp; information clearly &amp; appropriately.</li> </ul>						
- Displays courtesy and professionalism.						
<ul> <li>Remains calm &amp; productive when dealing with challenging situations.</li> </ul>						
5. Flexibility and Teamwork				Ī		
- Adapts well to changes in the work environment.						
- Accepts and values feedback.						
- Offers assistance and support as needed.						
- Works cooperatively in group situations.						

ORANGE COUNTY GOVERNMENT F L O R I D A       Section B Position Specific Elements       E - Exceeds M - Meets N - Needs Improvement N/A - Not Applicable							
Employee Name:				First		M.I.	
Employee ID Number:       Position Title:							
Position Specific Eler (i.e. Essential Job Funct		E	м	N	N/A	Comments ( <mark>Required if</mark> Exceeds or Needs Improvement is checked)	
Performance Evaluation	Form (Section B) - Revise	ed July 2	2020, thi	s form s	supersed	es all previous editions.	

OPANGE COUNTY GOVERNMENT       Section B (Part 2) Position Specific Elements       E - Exceeds M - Meets N - Needs Improvement N/A - Not Applicable								
Employee Name:			First					
Employee ID Number:    Position Title:								
Position Specific Elements (i.e. Essential Job Functions)	E	М	N	N/A	Comments (Required if Exceeds or Needs Improvement is checked)			
Performance Evaluation Form (Section B - Part 2) -	- Revised Ju	ly 2020.	this for	m supers	sedes all previous editions.			

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## Supervisor Section C Supervisor Core Elements

E - Exceeds

M - Meets

N - Needs Improvement N/A - Not Applicable

Employee Name:					First
Employee ID Number:	Title:				
			FU3	nion	Title
Core Elements	Е	М	N	N/A	Comments ( <mark>Required if</mark> Exceeds or Needs Improvement is checked)
1. Leadership					
<ul> <li>Evaluates potential solutions and selects an appropriate response.</li> </ul>					
- Makes timely decisions using available information.					
<ul> <li>Establishes clear team and individual directions; sets concrete objectives.</li> </ul>					
<ul> <li>Maintains a high performance work environment exemplified by positive relationships, strong team performance, and high levels of trust.</li> </ul>					
- Willing and able to make tough decisions and take responsibility for related actions.					
- Effectively distributes work to the appropriate level and person.					
2. Communication and Interpersonal Ski	lls				
<ul> <li>Deals openly &amp; honestly with people in all levels of the orgnaization while building credibility &amp; developing trust.</li> </ul>					
- Viewed by others as being helpful and supportive.					
- Able to prepare & present information to internal and external groups.					
<ul> <li>Maintains a professional demeanor, even when dealing with sensitive topics.</li> </ul>					
- Promotes wellness in the work place.					
3. Resource Management and Accounta	bility				
- Utilizes resources efficiently and effectively.					
- Meets budget objectives and goals.					
- Addresses any marginal or deficient work-related issue as it occurs.					
<ul> <li>Recognizes and acknowledges outstanding performance as it occurs.</li> </ul>					
- Administers Orange County/Department/Division Policy, Operational Guidelines, SOPs, and Union Contracts appropriately.					
- Administers the performance evaluation program for all subordinates in a timely manner.					
Performance Evaluation Form (Section	C) - Re	vised Ju	11/2 202	) This f	form supersedes all previous editions

GOVERNMENT F L O R I D A GOVERNMENT								
Employee Name:			First					
Employee ID Number:			Thot		M.I.			
General Comments (Attach addition	nal pages if	needed)						
Developmental/Action Plan (Attach additional pages if necessary) Suggested items may include: * Cross training opportunities * New job related skills to include equipment & software * Educational opportunities to include class attendance and certifications as appropriate * Job efficiencies * Enhancement to job performance								
		of Follow-Up:		Number of	pages attached:			
Employee Feedback (Optional - Attach additional sheets as needed)								
Employee Name (First MI Last)	Linployee ib	Signature			Date			
Supervisor Name (First MI Last)	Employee ID	Signature		[	Date			
Next Level Management Name (First MI Last)	Employee ID	Signature		r	Date			
		e.g. ataro		ť	2 4.0			
HR Rep Name (First MI Last)	Signatur	e		Date				
Performance Evaluation Form (	General Comme	nts) - Revised Ju	y 2020, this form superse	edes all previou	us editions.			