



# Intermittent/Seasonal Performance Evaluation

Date: \_\_\_\_\_  
Employee Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Evaluation Period: \_\_\_\_\_ to \_\_\_\_\_

**Performance Factor Ratings:**

5=Consistently Exceeds Expectations  
4=Frequently Exceeds Expectations  
3=Meets Expectations  
2=Frequently Does Not Meet Expectations  
1=Consistently Does Not Meet Expectations

## PERFORMANCE FACTORS

1. **Productivity** Rating: \_\_\_\_\_  
Makes good use of time and completes work tasks and assignments on time.

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

2. **Quality of Work** Rating: \_\_\_\_\_  
Accountability for work performance, initiative, accuracy, attention to detail, and ability to meet goals and deadlines. Works effectively both individually and in a group.

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

3. **Cooperation and Relationship with Customer/Staff** Rating: \_\_\_\_\_  
Responds positively to situations that require cooperation, courtesy, and tact to avoid and resolve conflict. Demonstrates respect, honesty, and integrity, and trust in all working relationships. Treats co-workers and customers with respect.

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

4. **Judgment** Rating: \_\_\_\_\_  
Exercises good judgment and takes appropriate action.

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

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**5. Professionalism**

**Rating:** \_\_\_\_\_

Reports to work in appropriate attire and is neatly groomed representing Urbana Park District in a positive manner. Communicates with staff and customers in a professional manner.

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

**6. Safety**

**Rating:** \_\_\_\_\_

Adheres to and supports safety rules. Addresses safety related problems or concerns with Supervisor.

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

**7. Attendance**

**Rating:** \_\_\_\_\_

Adheres to work schedules. Notifies Supervisor accordingly when the need for an absence arises.

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

***Nothing in this evaluation implies that employee will be rehired in the future.***

**SIGNATURES**

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

Date: \_\_\_\_\_

Signature of Immediate Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

*NOTE: Employee's signature is required. Signature indicates that employee has reviewed this document and understands it. It does not necessarily imply agreement.*

**FOR ADMINISTRATIVE USE ONLY**

<p>Overall Rating of Employee:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Outstanding</li> <li><input type="checkbox"/> Very Good</li> <li><input type="checkbox"/> Acceptable</li> <li><input type="checkbox"/> Improvement Needed</li> <li><input type="checkbox"/> Unacceptable</li> </ul>	<p>Recommendation for Rehire:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rehire</li> <li><input type="checkbox"/> Do Not Rehire</li> </ul> <p>If selected "Do Not Rehire," please give explanation:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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