

## CLERICAL AND TECHNICAL PERFORMANCE FEEDBACK

Employee Name	Department, Job Title & Grade	Evaluation Period	Time in Position
Supervisor Name & Title		Dual Report Supervisor Name & Title	

Instructions: The employee and supervisor should set work goals/objectives for the year and enter into section A. This section should be reviewed during interim discussions and annual review at the end of the year.

### SECTION A: CURRENT WORK GOALS/OBJECTIVES

NEXT CHECK-IN DATE: \_\_\_\_\_

**SECTION B: If your job requires a specific skill set or business knowledge due to governmental/institutional certification, please attach any additional documentation.**

<b>Too Soon to Rate or N/A</b>	<b>Performance Dimensions</b>	<b>Evaluator</b>	<b>Does Not Meet Job Expectations:</b> Unsatisfactory performance	<b>Partially Meets Job Expectations:</b> Performance is inconsistent and needs improvement	<b>Meets Job Expectations:</b> Successful performance	<b>Exceeds Job Expectations:</b> Performance is consistently outstanding
<input type="checkbox"/>	<b>Communication:</b> Listens effectively and demonstrates the ability to express ideas orally and in writing as required	Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Customer Service:</b> Courteous, helpful; understands and responds to the needs of customers and colleagues	Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Dependability:</b> Reliable; understands assignments and meets deadlines	Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Supervisory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Initiative:</b> Self-starter, resourceful; develops ideas and methods to enhance the work unit. Identifies and participates in training opportunities.	Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Job Knowledge:</b> Demonstrates understanding of responsibilities and expectations required to do the job	Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Teamwork:</b> Works cooperatively with others and offers assistance and support when needed; adaptable and open to change	Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Technical Skills:</b> Demonstrates proficient use of work related equipment, tools and/or technology	Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Work Quality:</b> Demonstrates accuracy, thoroughness and attention to detail in a timely manner	Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION C: EMPLOYEE INTERESTS/GOALS**

**SECTION D: SUPERVISOR - OVERALL PERFORMANCE AND COMMENTS**

**EMPLOYEE COMMENTS**

**SECTION E: SIGNATURES**

**Supervisor(s) Signature:** The contents of this form have been discussed with the staff member.

1. Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

2. Supervisor's supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Employee's Signature:** My signature indicates I have completed these discussions with my supervisor, but does not necessarily imply my agreement.

3. Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION F:** Check here to indicate whether you would like your Feedback Form shared with hiring managers as part of the reference checking process.

\_\_\_\_\_ YES    \_\_\_\_\_ NO    INITIALS: \_\_\_\_\_

**IMPORTANT NOTE:** In accordance with CT State Law, you have the right, should you disagree with any of the information contained in this document, to submit a written statement explaining your position. This statement will be maintained as part of your personnel file. Once signed and completed, a copy of this form, along with any attachments, should be sent to your HR Generalist.