



Annual Clerical Employee Evaluation

EMPLOYEE: _____

BRANCH: _____

JOB TITLE: _____

DEPARTMENT: _____

SUPERVISOR: _____

EVALUATION DATE: _____

1. JOB KNOWLEDGE

Demonstrates knowledge of job duties and their purpose, requiring minimal direction.

- Exceeds expectations Meets Expectations Below Expectations

Comments:

Three horizontal lines for writing comments.

2. COMMUNICATION AND LISTENING SKILLS

Written and oral communications are clear, organized and effective; listens and comprehends well.

- Exceeds expectations Meets Expectations Below Expectations

Comments:

Three horizontal lines for writing comments.

3. CUSTOMER SERVICE/WORK QUALITY

Assesses customers' needs and takes timely action to respond to those needs in a tactful manner. Work is accurate, thorough, neat, and completed in a timely matter.

- Exceeds expectations Meets Expectations Below Expectations

Comments:

Three horizontal lines for writing comments.

4. INITIATIVE AND PROBLEM SOLVING

Seeks new or additional assignments when appropriate or necessary. Involved in solving problems and offers constructive solutions.

- Exceeds expectations Meets Expectations Below Expectations

Comments:

Three horizontal lines for writing comments.

5. ATTENDANCE AND DEPENDABILITY

Attends work and leaves at appropriate times. Consistently performs at a high level; manages time and workload effectively to meet responsibilities.

- Exceeds expectations Meets Expectations Below Expectations

Comments:

Three horizontal lines for writing comments.

6. TEAMWORK

Respectful when working with others and makes valuable contributions to help the group achieve its goals.

- Exceeds expectations
- Meets Expectations
- Below Expectations

Comments:

7. ADAPTABILITY AND FLEXIBILITY

Learns new tasks and assignments willingly. Handles situations appropriately as they arise, even under stress. Thrives on new challenges and adjusts to unexpected changes.

- Exceeds expectations
- Meets Expectations
- Below Expectations

Comments:

ADDITIONAL COMMENTS:

Optional: If setting goals, please attach Employee Goal-Based Review document to this evaluation.

I have read and discussed this evaluation with my supervisor. I understand that my signature does not necessarily mean I agree with it. I also understand that I may reply in writing within 5 working days and that my reply will be included with this form in my personnel file.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

SUPERVISOR SIGNATURE: _____ **DATE:** _____

MANAGING LIBRARIAN: _____ **DATE:** _____

ASST DIRECTOR/DIRECTOR: _____ **DATE:** _____