

STAR *Community Justice Center*

Operations Supervisor Performance Evaluation

Employee's Name		Employee's Job Title	
Date of Employment		Date of Evaluation	
Rating Period		Evaluation Date	
	to		

PERFORMANCE SCALE

Inferior			Needs Improvement			Good/Excellent			Superior
1	2	3	4	5	6	7	8	9	10

SCORE

1. <u>Dependability:</u>	
Comments:	
2. <u>Role Modeling:</u>	
Comments:	
3. <u>Management of Subordinates</u>	
Comments:	
4. <u>Adheres to Procedures</u>	
Comments:	
5. <u>Position Knowledge</u>	
Comments:	
6. <u>Dealing with Demanding Situations:</u>	
Comments:	
7. <u>Professional Development:</u>	
Comments:	
8. <u>Organization/Time Management:</u>	
Comments:	
9. <u>Initiative:</u>	
Comments:	
10. <u>Attendance:</u>	
Comments:	
11. <u>Communication Skills:</u>	
Comments:	
12. <u>Leadership</u>	
Comments:	
13. <u>Administrative Skills</u>	
Comments:	

Employee Strengths:	
Specific Areas for Improvement:	
Action Plan (scores 3 or lower):	
Executive Director Comments:	
Employee Comments:	

My signature below signifies that I have reviewed this Performance Evaluation with my supervisor. It does not necessarily suggest that I agree with the evaluation. I understand that my employment is At-Will and that the evaluation process is offered to assist my professional development.

I, _____, _____ have _____ have not been charged, held, or sited by any law enforcement agency during the previous 12 months while employed at STAR Community Justice Center. I understand I must immediately report all law violations to the Executive Director. Failure to report any law violation could result in administrative action including termination from STARCJC.

Employee:		Date	
Supervisor:		Date	
Executive Director:		Date	