



State of Connecticut Human Resources  
**Performance Appraisal**

Form #: PER-125

Revision Date: 8/4/2005

TYPE OF PERFORMANCE APPRAISAL

INITIAL PROBATIONARY                      ANNUAL                      PROMOTIONAL                      OTHER (*Specify*)

EMPLOYEE NAME	CLASS TITLE	DATE
DIVISION	DEPARTMENT	DATE OF LAST REVIEW

**INSTRUCTIONS:** Evaluate the employee on the job now being performed. Mark the box above the horizontal line that most nearly coincides with your overall judgment on each quality. The care and accuracy with which this appraisal is made will determine its value to you, to the employee and to the agency. Consider the employee's performance since the last appraisal and show by a check (x) whether he/she has regressed, remained the same, or shown improvement in each of the qualities listed to the left.

JOB ELEMENTS	GOOD			LESS THAN GOOD		HAS IMPROVED	LITTLE OR NO CHANGE	HAS REGRESSED
<b>KNOWLEDGE OF WORK:</b> Consider knowledge of job gained through experience, general education specialized training	Well informed on all phases of work.	Knowledge thorough enough to perform without assistance.	Adequate grasp of essentials. Some assistance.	Requires considerable assistance.	Inadequate knowledge.	COMMENTS		
<b>QUANTITY OF WORK:</b> Consider the volume of work produced under normal conditions. Disregard errors.	Rapid worker. Unusually large production.	Turns out large volume.	Average.	Volume below average.	Very slow worker.	COMMENTS		
<b>QUALITY OF WORK:</b> Consider neatness, accuracy and dependability of results regardless of volume.	Exceptionally accurate, practically no mistakes.	Seldom necessary to check work.	Acceptable, usually neat, occasional errors or rejections.	Often unacceptable, frequent errors or rejections.	Too many errors or rejections.	COMMENTS		
<b>ABILITY TO LEARN</b>								
<b>NEW DUTIES:</b> Consider the speed with which employee masters new routine and grasps explanations. Consider also ability to retain knowledge.	Exceptionally quick at learning and adjusting to changed conditions.	Learns rapidly. Retains instructions.	Average instruction required.	Requires a great deal of instruction.	Very slow at absorbing new routines. Poor memory.	COMMENTS		
<b>INITIATIVE:</b> Consider the tendency to contribute, develop and/or carry out new ideas or methods.	Initiative resulting in frequent saving in time and money.	Resourceful, can meet and handle situations in an efficient and timely manner.	Shows initiative occasionally.	Rarely shows any initiative.	Need constant prodding.	COMMENTS		
<b>COOPERATION:</b> Consider manner of handling work relationships.	Goes out of way to cooperate.	Gets along well with associates.	Acceptable.	Shows reluctance to cooperate.	Very poor cooperation.	COMMENTS		
<b>JUDGMENT:</b> Does employee think intelligently and make decisions in a logical manner.	Thinks quickly, logically outstanding.	Judgment usually logical.	Fairly reliable.	Inclined to be illogical.	Poor, unreliable.	COMMENTS		
<b>OTHER ELEMENTS:</b> Consider other elements of job performance which are not included above, yet are job related, i.e. attendance, physical performance on job, supervisory ability, affirmative action responsibilities. *	COMMENTS							

*If comments pertaining to supervisory ability are appropriate, ability to delegate authority, to get work done through subordinates, and observance of personnel and affirmative action policies should be considered.*



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**INSTRUCTIONS:** Based on the appraisal you have made on the reverse side, please answer the following questions in your own words

DO YOU SEE ANY NEED FOR IMPROVEMENT ON THE PREVIOUS FACTORS? (If "Yes", please explain)

Yes No

IS EMPLOYEE WELL SUITED FOR THE TYPE OF WORK BEING DONE? (If "No", indicate type of work that would appear to be more suitable)

Yes No

WHAT CONTRIBUTION HAS EMPLOYEE MADE TO DEPARTMENT, DIVISION, OR BUREAU, BEYOND NORMAL REQUIREMENTS OF POSITION?

WHAT WOULD BE YOUR OVERALL EVALUATION OF EMPLOYEE?

Excellent Good Satisfactory Fair Unsatisfactory

RATED BY:	SIGNATURE	TITLE	DATE
REVIEWED BY:	SIGNATURE	TITLE	DATE
APPROVED BY:	SIGNATURE	TITLE	DATE
EMPLOYEE	SIGNATURE	TITLE	DATE

NOTE TO EMPLOYEE: Your signature confirms that you have seen this report and discussed it with your supervisor. It does not indicate your agreement with or approval of the rating.

**QUESTIONS TO BE ANSWERED AFTER DISCUSSION OF APPRAISAL WITH EMPLOYEE**

WHAT WAS THE ATTITUDE OF THE EMPLOYEE TOWARD DISCUSSION OF APPRAISAL?

IF IMPROVEMENT IS INDICATED, WHAT SUGGESTIONS HAVE YOU MADE?

REMARK FURTHER COMMENTS YOU MAY HAVE FOR IMPROVEMENT

CERTIFIED BY:	SIGNATURE	TITLE	DATE
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