	Personal/Position Information	
Name: Period Covered:		
Position: Reviewed by: Title:		
Position Start Date: Community:		
Region:		

Instructions:

The information contained in this evaluation is strictly confidential. The supervisor will meet with the employee to review the employee's performance and complete the Community Government Performance Evaluation Form. Input form the employee is critical. The employee will have an opportunity to make comments concerning the review in the employee comments section of this form. The information will be used to develop an individual training plan for the employee as well as a training plan for the community.

The employee will be rated as follows for each competency:

- $1-\mbox{Needs}$ significant improvement employee is unable to complete task or perform function in a satisfactory manner even though assistance is routinely provided
- 2 Needs improvement $\,$ employee can complete task or perform function with considerable assistance
- 3 Satisfactory employee can complete task or perform function in a satisfactory manner with little or no assistance
- 4 Very good employee consistently completes task or performs functions in an above average manner with little or no assistance
- 5 Outstanding employee consistently completed task or performs function at a very high level with little or no assistance

ach competency is to be rated as follows:

- 1 Competency has little significant to the position
- 2 Competency has minor significance to the position
- 3 Competency is important to the position
- 4 Competency has major significance to the position
- 5 Competency is critical to the effective performance of the position

For more information on how to complete this review please contact the Regional Office of the Department of Municipal and Community Affairs or the MACA School of Community Government.

Major Category	Skill	Subskill
Administrative Support	Perform administrative tasks	Greet the public Calls Take messages Direct inquiries Personate Corresponden ce, reports and other documents
		P S 5 P S 5 P S 5 P S 5 P S 5
		Data enter information office files Perform Coordinate repairs to office errands in and out of the office equipment Provide translation services
		P S 4 P S
		Distribute the mail Take minutes Distribute Complete motor vehicles responsibilities
		P S 4 P S 4 P S 4 P S 4
Technical Skills	Possess computer skills	Use word processing software programs Use word processing software programs Use utility software programs Use utility software programs Use utility software programs Use utility prograte email and computerized maintenance management system
		P S 5 P S 4 P S 3 P S 4 P S 3
Communication	Use effective communication	Read and concisely business documents Write clearly and concisely bractice listening skills business documents Practice Speak effectively customer service events
		P S 4 P S
Legislation	Comply with policies and regulations	Comply with council resolutions and policies P S 4

Professionalism Demonstrate good work habits Possess cultural and political knowledge		
and political	Manage Take direction Motivate self Demonstrate dependability and	Make decisions
and political	P S 4 P S 4 P S 4 P S	S 4 P S 4
and political	Manage time Demonstrate willingness to perform alternate duties as required Demonstrate punctuality Demonstrate flexibility organization abilities Demonstrate punctuality flexibility abilities	ional minimal supervision
and political	P S 4 P S 4 P S 4 P S 4 P S	S 4 P S 4
and political	MeetEmployDemonstrateBe a teamdeadlinesanalytical skillsresponsibilityplayer	
and political	P S 4 P S 4 P S 4 P S 4	
	Practice cross cultural skills with political situation Be familiar Demonstrate awareness of traditional knowledge	
	P S 4 P S 4 P S 4 P S 4	
Demonstrate positive personal attributes and ethical behaviour	Accept change situations Compromise Separate personal and professional life P S 4 P S 4 P S 4 P S	nal nent

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Comments:

1.	Supervisor's comments
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2. —	Expectations for the coming year/workplan

3.	Employee goals and objectives
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4.	Career Goals
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5. Recommended training	
6. Employee Comments	
Frankrissi	Companies
Employee:	Supervisor:
Title:	Title:
Signature:	Signature:
Date:	Date: