DSS Employee Performance Review Coversheet

This document should be attached to the Performance Review Form and should be reviewed by supervisor and employee at the commencement of a Performance Review Meeting. It is intended to be a dialogue between employee and supervisor to achieve continuous improvement.

The purpose of conducting performance reviews for all staff at the Tompkins County Department of Social Services is to:

* Ensure quality service delivery to our customers
* To provide a format that ensures direction and feedback for the organizations greatest asset – it’s employees
* To allow for correction to performance, when necessary
* To provide for opportunities to note successes in performance by both the employee and their supervisor

The DSS Performance Review form is used to evaluate the performance of each employee. The completed review form should be discussed while supervisor and employee are meeting together and have the time to have a dialogue about the employee’s job, performance and future goals. The intention of the form is to provide overall feedback and should take into account performance over a period of time, as opposed to one specific day or event.

The DSS Performance Review form is to be completed by the supervisor prior to the Performance Review meeting, and employees may also choose to complete the form on their own behalf as a “worksheet” to prepare to discuss their performance. The Performance Review form is completed by the supervisor and then signed by the employee at the conclusion of the Performance Review meeting. It will be submitted to the Division Coordinator, reviewed and signed by the Commissioner then entered into the employee’s County Personnel file. Employees have the right to complete a written comment or statement to be submitted to the supervisor which can also be attached to the document.

All performance reviews should be conducted annually on the following schedule with a follow up six month review conducted by the supervisor:

 Commissioner January-February

 Division Coordinators March-May

 Supervisors June - August

Our approach at DSS is always intended to come from a strength based perspective and whenever possible, written and oral communication should be positive in nature. This should never imply that omission of truth or obscuring feedback is condoned, but rather, that statements be provided that encourage positive performance, as opposed to discouraging statements saying what not to do, be used whenever possible.

Supervisors and employees should keep in mind that DSS Staff Development is available for guidance in helping to complete the Performance Review Document, and/or in helping with a communication approach.

Employee Name       Title

Division  Period Reviewed From 12/31/1999 To12/31/2009

Select from the following level of employee performance during the review period and explain in remarks.

4. Consistently Surpasses Expectations/Standards -Works consistently at a superior level in most aspects of position and consistently exceeds goals and expectations

3. Fully Achieves Expectations/Standards - Fulfils position requirements, consistently meeting established goals and expectations. Performance makes the expected contributions to unit goals.

2. Needs Improvement – Does not meet one of more of the significant position requirements. Requires improvements in areas noted.

1. Has not met Expectations/Standards - Does not fulfill position requirements

The above named employee:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Organizes time and priorities to accomplish work tasks. | 1 | 2 | 3 | 4 |
| [ ]  | [ ]  | [ ]  | [ ]  |

**Supervisor’s Remarks**

**Employee’s Remarks:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2. Communicates effectively with families, colleagues, and supervisors. | 1 | 2 | 3 | 4 |
| [ ]  | [ ]  | [ ]  | [ ]  |

**Supervisor’s Remarks**

**Employee’s Remarks:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3. Submits work assignments in a timely and complete fashion. | 1 | 2 | 3 | 4 |
| [ ]  | [ ]  | [ ]  | [ ]  |

**Supervisor’s Remarks**

**Employee’s Remarks:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4. Demonstrates skills and competencies required to complete work | 1 | 2 | 3 | 4 |
| [ ]  | [ ]  | [ ]  | [ ]  |

**Supervisor’s Remarks**

**Employee’s Remarks:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5. Acts in a professional manner (in the office with staff and clients and in the community) | 1 | 2 | 3 | 4 |
| [ ]  | [ ]  | [ ]  | [ ]  |

**Supervisor’s Remarks**

**Employee’s Remarks:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6. Seeks supervisor’s support and feedback when appropriate | 1 | 2 | 3 | 4 |
| [ ]  | [ ]  | [ ]  | [ ]  |

**Supervisor’s Remarks**

**Employee’s Remarks:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 7. Follows departmental policies and procedures (i.e.: arriving at work on time, phone/computer use, etc.) | 1 | 2 | 3 | 4 |
| [ ]  | [ ]  | [ ]  | [ ]  |

**Supervisor’s Remarks**

**Employee’s Remarks:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 8. Fulfills responsibilities by attending continuing education, department meetings, and in-service trainings. | 1 | 2 | 3 | 4 |
| [ ]  | [ ]  | [ ]  | [ ]  |

**Supervisor’s Remarks**

**Employee’s Remarks:**

Recognition:

During the period under review, you made the following contributions and/or received the following compliments from clients, co-workers, or managers.

Performance Goals:

Review your goals and set a schedule for reviewing progress toward them.

Professional Development Interests:

We identified the following areas for your professional development.

Training and Departmental Support:

We each commit to pursuing the following training or support to help you meet the preceding performance goals and/or to develop professionally.

We met on 5/23/2003 and together completed and/or reviewed this document with regard to my past job performance future goals.

Additional Comments:

Employee Date Supervisor Date

Division Head Review: Commissioner Review:

Six Month Review

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Date Date