

City of San José
Management Performance Program Appraisal Form
 (For further information refer to Section 3.3.2 of the City Policy Manual)

Last Name, First Name, Initial:	Employee ID#:
Department:	Type of Appraisal: (Check One) Beginning/Ending Rating Period:
Class Title/Number:	<input type="checkbox"/> Probationary mm/dd/yy to mm/dd/yy <input type="checkbox"/> Annual <input type="checkbox"/> Special

KEY ELEMENTS OF JOB PERFORMANCE				
(Please complete this section last. For each key element, select ONE rating. Double-click the box, then under Default value click "Checked" and select OK.)				
KEY ELEMENTS	RATING SCALE			
	Outstanding	Commendable	Satisfactory	Improvement Needed
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACKNOWLEDGMENT

This document has been reviewed and discussed with the employee. Signatures indicate the employee has been advised of his/her performance status; they do not necessarily imply agreement with the appraisal.

Employee	PRINT NAME _____
	SIGNATURE _____ DATE _____
Supervisor	PRINT NAME _____ Supervisor ID _____ SIGNATURE _____ DATE _____
Dept Director or Designee	PRINT NAME _____ SIGNATURE _____ DATE _____

REVIEW AND APPEAL: Employees with permanent status (not provisional or probationary) may appeal an overall rating of "Improvement Needed" by first, requesting in writing, a hearing with the department head, within ten (10) calendar days after receiving the evaluation. If the employee is dissatisfied with the decision of the Department Director or Designee, he or she may appeal further. For further information refer to CPM section 3.3.2.

ORIGINAL – Human Resources	COPIES (3) – Employee, Supervisor, and Employee's Department Personnel File
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RATING SCALE – Select One.				
1. LEADERSHIP	Outstanding	Commendable	Satisfactory	Improvement Needed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

RATING SCALE – Select One.				
2. PLANNING	Outstanding	Commendable	Satisfactory	Improvement Needed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

RATING SCALE – Select One.				
3. PROBLEM SOLVING	Outstanding	Commendable	Satisfactory	Improvement Needed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

RATING SCALE – Select One.				
4. COMMUNICATIONS	Outstanding	Commendable	Satisfactory	Improvement Needed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

RATING SCALE – Select One.				
5. MANAGEMENT	Outstanding	Commendable	Satisfactory	Improvement Needed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

RATING SCALE – Select One.				
6. OVERALL RATING AND COMMENTS	Outstanding	Commendable	Satisfactory	Improvement Needed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

FY enter FY-enter FY ACCOMPLISHMENTS

Comments:

FY enter next FY-enter next FY ACHIEVEMENT PLAN

Comments:

ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF KEY POLICIES

I, _____, acknowledge that I have received and will review the following
(Print Name)

Key Policies, which are located in the City Policy Manual, as well as any other policies, including Departmental policies, listed below:

- Discrimination and Harassment (1.1.1)
- Nepotism Policy (1.1.3)
- Non-Retaliation (1.1.4)
- Code of Ethics (1.2.1)
- Gift Policy (1.2.2)
- Outside Employment (1.2.3)
- Customer Service Guidelines (1.2.9)
- Workplace Violence (1.3.1)
- Disaster Service Workers (1.3.4)
- Drug-Free Workplace (1.4.1)
- Substance Abuse* (1.4.2)
- Personal Use of City Equipment (1.6.2)
- Use of Email, Internet Services, and Other Electronic Media (1.7.1)
- Cellular Telephone (1.7.4)
- Use of City and Personal Vehicles (1.8.1)
- Discipline (2.1.3)
- _____
- _____
- _____

** The Substance Abuse Policy in the City Policy Manual (CPM) applies to employees in Unit 99, employees represented by AEA, CAMP, AMSP, ABMEI, IAFF, MEF, CEO, POA, IBEW, OE#3, ALP and unrepresented employees.*

I understand that the City Policy Manual, which is located on the City's intranet, contains important information on the general rules, policies and practices of the City of San Jose. I understand that it is my responsibility to familiarize myself with the rules, policies, and practices contained in the City Policy Manual, including, but not limited to, the foregoing Key Policies.

I understand that it is my responsibility to adhere to and abide by the terms and conditions set forth in the City Policy Manual, including, but not limited to, the foregoing Policies, including Departmental policies, and that violation of City policies may result in disciplinary action.

Employee Signature

Date