PERFORMANCE RATING

NAME (Last, First, MI)	
DL/ID#	
POSITION TITLE	

JOB ELEMENTS	CE	RATING	JOB ELEMENTS	CE	RATING
Traffic Flow	Yes		Public Contact	Yes	
Safety	Yes		Records	No	
Emergency	Yes		Teamwork	Yes	

ELEMENT RATING EXPLANATION

SUMMARY RATING LEVEL

☐ **Exceptional** ☐ **Highly Successful** ☐ **Fully Successful** ☐ **Minimally Acceptable/ Satisfactory** ☐ **Unacceptable/ Unsatisfactory**

AUTHENTICATION

Supervisor Name and Title | Signature | Date

Employee Name | Signature | Date