

**ST TAMMANY FIRE PROTECTION DISTRICT #11**  
**ANNUAL EMPLOYEE PERFORMANCE REVIEW**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

POSITION: \_\_\_\_\_

**PART 1: PERFORMANCE MEASURES**

**Instructions:** The rating supervisor shall assign a numerical rating from 1 to 5 for each job factor listed below. Scores of 1, 2, or 3 must be accompanied by a comment. No comments shall be added after the member signs the form. A copy of the completed, signed form shall be provided to the member and a copy placed in the members permanent personnel file.

**Rating/Description**

1. Unsatisfactory: Performance is significantly below minimum expectations and must be improved during the next rating period. The rating supervisor shall provide the member with a written plan of action to improve his/her performance
2. Below expectation: Performance is deficient and below that which is expected but is not totally unsatisfactory
3. Meets Expectations
4. Exceeds minimum expectations: Above Average
5. Outstanding: Performance is clearly superior to other employees in the same or similar job and significantly exceeds expectations

**PART 2: PERFORMANCE RATING**

1. Drives assigned apparatus in a safe, efficient manner. Driving record is clear \_\_\_\_\_

Comments: \_\_\_\_\_

2. Knowledge of streets, hydrants, target hazards sprinkler connections, and routes in first due area \_\_\_\_\_

Comments: \_\_\_\_\_

3. Station Duties and maintenance on assigned apparatus and equipment \_\_\_\_\_

Comments: \_\_\_\_\_

4. Compliance with SOP'S and safety standards \_\_\_\_\_

Comments: \_\_\_\_\_

5. Performance in training evolutions and at fires and EMS incidents \_\_\_\_\_

Comments: \_\_\_\_\_

6. Seeks to improve knowledge and skills through independent study, etc. \_\_\_\_\_

Comments: \_\_\_\_\_

7. Personal appearance, hygiene, uniform, etc. \_\_\_\_\_

Comments: \_\_\_\_\_

8. Absenteeism/tardiness \_\_\_\_\_

Comments: \_\_\_\_\_

9. Relationships with co-workers, citizens, supervisor's \_\_\_\_\_

Comments: \_\_\_\_\_

10. Assists in training co-workers; assumes responsibility in the absence of supervisor \_\_\_\_\_

Comments: \_\_\_\_\_

**TOTAL SCORE:** \_\_\_\_\_

**PART 3: SUMMARY**

**NOTE: Use back of form if necessary**

Specific actions to be taken during next rating period:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Has your supervisor explained your performance rating to you? Yes \_\_\_\_ No \_\_\_\_

Do you agree with your supervisor's assessment of your performance? Yes \_\_\_\_ No \_\_\_\_

**SUPERVISORS COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYEE COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_