Grant County Fire Protection District 3

EMPLOYEE APPRAISAL REPORT

EMPLOYEE NAME_____DATE_____

POSITION_____HIRE DATE_____

TYPE OF REPORT: Annual Semi-Annual Monthly Special

PURPOSE:
To take a personal inventory, to pinpoint strengths and weaknesses, and to outline and agree upon a program of practical improvements.

INSTRUCTIONS:
Listed in this booklet are a number of traits, abilities and characteristics that are important for success in the fire service. Place a line through the scale in the area of the descriptive phrase which most nearly describes the person being rated. Note that the scale is graduated from a low of 0" to a high of 10". This will allow for assessments between descriptive phrases if needed. The comments section is to be used as appropriate, however, any score below 4" or above 7" should have supporting comments.

On the last page there are two narrative areas. The first is titled Application. In this section the employee and the supervisor, in concert, list one quality of the employee that has a positive influence on the workplace. Describe how this quality may be expanded. The second area is titled Improvement. The employee and supervisor jointly list one area of weakness the employee has. Again, describe how this area can be strengthened.

To maintain credibility, it is essential to develop a time frame in which the improvements will be accomplished. Generally, this will be within the ensuing appraisal period. Although both topics discussed above are subject to review, it is the improvements that should receive the most attention. Those members who do not fully achieve their improvements should be graded down on the next evaluation.

At the finish of the evaluation, both parties will sign the report where indicated. Following completing of the report the evaluator shall submit it to the District Fire Chief for review and filing.