Department of Corrections
WASHINGTON STATE

PERFORMANCE EVALUATION

Name: _____ Evaluation period: From _____ to _____
Program title: _____ Location: _____ Assignment date: _____

PERFORMANCE FOR CURRENT EVALUATION PERIOD

Maximum possible hours: _____ Actual hours worked: _____
Hours excused absence: _____ Hours unexcused: _____

Dimensions and ratings:

Accomplishments of requirements	☐ Superior	☐ Above average	☐ Average	☐ Below average	☐ Poor
Knowledge and competence	☐ Superior	☐ Above average	☐ Average	☐ Below average	☐ Poor
Reliability	☐ Superior	☐ Above average	☐ Average	☐ Below average	☐ Poor
Personal relations	☐ Superior	☐ Above average	☐ Average	☐ Below average	☐ Poor
Communication skills	☐ Superior	☐ Above average	☐ Average	☐ Below average	☐ Poor
Safety	☐ Superior	☐ Above average	☐ Average	☐ Below average	☐ Poor

WORK CREW SUPERVISOR COMMENTS AND RECOMMENDATIONS

WORKER COMMENTS

TIME CARD

Hours worked: _____ Pay rate: _____ Total pay: _____

This evaluation is based upon my best judgment of the worker's performance.

Work crew supervisor	Signature	Date
Reviewer	Signature	Date

This evaluation has been discussed with me and I have been provided a copy.

DOC number	Signature	Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

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