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
Month:

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

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