HUA	MENT OF	PMR 43 – Form 1				
COUNTY OF MARIN COUNTY OF MARIN COUNTY COUNTY OF MARIN COUNTY OF MARIN						
EMPLOYEE'S NAME	RATING PERIOD: FROM	TO DUE DATE				
CLASSIFICATION	DEPARTMENT	DIVISION				
PLACE APPROPRIATE MARK RATING PERIOD	TO INDICATE YOUR EVALUATION OF	EMPLOYEE PERFORMANCE DURING THE				
U UNSATISFACTORY	<u>I</u> IMPROVEMENT NEEDED	S MEETS OR EXCEEDS STANDARDS				
A. QUANTITY: 1. VOLUME OF ACCEPT/ 2. COMPLETION OF WO B. QUALITY: 3. ACCURACY AND NEA 4. JOB SKILL LEVEL 5. ORAL AND WRITTEN I 6. KNOWLEDGE OF WO 7. C. WORK HABITS: 8. ATTENDANCE 9. OBSERVANCE OF WO 10. COMPLIANCE WITH 11. COMPLIANCE WITH 12. PLANNING AND ORG 13. OBSERVANCE OF S/ 14. OPERATION AND CA 15. INITIATIVE	RK ON SCHEDULE TNESS EXPRESSION RK ORK HOURS RULES AND REGULATIONS WORK INSTRUCTIONS MORK INSTRUCTIONS ANIZATION AFETY PRACTICES	REMARKS				
D. PERSONAL RELATIONS: 16. RELATIONS WITH FE 17. MEETING AND HAND 18. PERSONAL APPEAR E. ADAPTABILITY: 19. PERFORMANCE IN N 20. PERFORMANCE UND	ING THE PUBLIC ANCE IEW SITUATIONS					
F. SUPERVISORY ABILITY: 21. AFFIRMATIVE ACTIO 22. PLANNING AND ASS 23. TRAINING AND INSTI 24. SUPERVISORY CON 25. ORGANIZING AND CON 26. JUDGEMENT AND DE 27. OPERATIONAL ECON 28. MOTIVATION OF SUE	IGNING WORK RUCTING OTHERS IROL DORDINATION ECISIONS					

COMMENTS:\_\_\_\_\_

OVERALL RATING:	UNSATISFACTORY	IMPROVEMENT NEEDED	MEETS STANDARDS	EXCEEDS STANDARDS	OUTSTANDING
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**RATER:** THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

SIGNED	TITLE	DA <sup>-</sup>	ΤΕ			
DEPARTMENT HEAD OR DIVISION CHIEF: I CONCUR IN AND APPROVE THIS REPORT.						
SIGNED:	TITLE	D <i>A</i>	ATE			
EMPLOYEE:	THIS REPORT HAS BEEN DISCUSSED W FILE. I UNDERSTAND THAT MY S AGREEMENT. I UNDERSTAND THAT I MA BECOMES A PERMANENT PART OF THIS	SIGNATURE DOES NOT N Y WRITE A REBUTTAL TO TH	ECESSARILY INDICATE			
SIGNED:	REBUTTAL /	ATTACHEDDA	ΤΕ			
(DISTRIBU	TION: ORIGINAL COPY TO PERSONNEL FILE. O	NE COPY TO EMPLOYEE AND OF	NE TO SUPERVISOR.)			