



Unified Government Human Resources Guide

Effective 04-01-05

Departmental Summary of Performance Evaluation Ratings

This form is to be submitted by the department head to County Administration prior to discussing the performance evaluations with employees. Please list each of your non-union employees and their anticipated performance evaluation rating.

Department: _____ Evaluation Period: _____

Dept. Head Name: _____ Dept. Head Signature: _____ Date _____

Last Name	First Name	Classification	Evaluation Rating	Justification for "Exceeds" or "Does Not Meet" Rating