

Accomack County
Annual Performance Planning and Review Form/Template



Employee: _____ Job Title: _____ Performance Type: **Planning** Mid-Year Check-in End of Year
 Department: _____ Annual Review Period Dates From: _____ to: _____

Use this section for end of period rating

A. Overall rating:

- Annual:
 Too New To Rate
 Exceeds Expectations
 Meets Expectations
 Needs Improvement*
 Does Not Meet*
 *By checking Needs Improvement or Does Not Meet, you must complete a Performance Improvement Plan (PIP) for this employee
 Probationary:
 On Track
 Not on Track
 Period end date: _____

B. Top 3-5 Goals for this review period Goals at the start & during the period. Comments at the end of the period

1.	
2.	
3.	
4.	
5.	
Supervisor Initials: _____	Date: _____
Employee Initials: _____	Date: _____

C. Comments on Overall Performance: Comments are **required** to explain ratings. If Applicable—refer to the [Competency Library](#). Describe specific behaviors that illustrate where performance in one or more competencies either needs improvement or exceeds expectations. Highlight opportunities for growth and development; note recognition received. If there are issues to be addressed outside the comments in the Goals section above, they should be included here.

D. Which Strategic or Budget Initiative did this year's performance best support?

- Become more business resilient
 Maintain or improve customer service
 Maintain or improve employee/customer safety
 Maintain investment in infrastructure & prep for future capital replacement
 Attract and retain a high-performing workforce
 Honor contractual commitments, agreements and mandates
 N/A

E. Signatures:

<p>Employee: My signature indicates I have received a copy of this review. <i>You may attach a response.</i></p> <p>Name: _____ Signature: _____ Date: _____</p> <p><input type="checkbox"/> Employee is unavailable for signature or refused to sign</p>	<p>Supervisor: Name: _____ Title: _____ Signature: _____ Date: _____</p> <p>Next Level Supervisor (if required): Title: _____ Signature: _____ Date: _____</p>
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Send original to HR/Keep one (1) copy in department for reference.
 ----- Next period's New or Carryover goals -----

B2. Top 3-5 Goals & Expectations for next period

1.
2.
3.
4.
5.