



# City of Whitewater

## Performance Review

For Year Ending 2024 and  
Midpoint Check-In 2025

## Performance Standards

<b>E = Exceeds Standards</b>	<b>M = Meets Standards</b>	<b>DN= Does Not Meet Standards</b>
<i>Is a solid leader, role model &amp; takes ownership in this area. Actively &amp; continuously seeks opportunities to make improvements and a positive difference. Anticipates needs &amp; seamlessly handles them. No supervision or specific direction in this area is needed.</i>	<i>Consistently demonstrates enthusiasm, pride &amp; a positive attitude. Demonstrates dependability in this area. Little supervision or specific direction is necessary in this area.</i>	<i>Performance needs to be improved in this area in order to be considered acceptable. May demonstrate a lack of dependability or accountability. Guidance and specific direction are regularly needed from others.</i>
<i>*Comments Required</i>		<i>*Comments Required</i>

# PERFORMANCE EVALUATION & GOALS REVIEW

## SECTION 1: Completed by the Employee

### Short Answer & Checklist Self-Assessment

#### Employee Information

Name:

Review Year: 2024

Job Title:

Supervisor:

#### Short Answer Self-Evaluation

Are there any accomplishments that you would like to highlight?

Are there any skills or areas you feel need improvement? In what ways can the City provide additional support or assistance?

#### Checklist Self-Evaluation

Please answer the following questions	Yes	No	Not Sure	Comments
Do I know what is expected of me at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do I have the support, materials and equipment I need to do my job well? (Clear direction, access to my supervisor, tools/equipment, training)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do I understand the mission and goals of my Division/Department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do I receive enough information/training on: Safety in the workplace Proper use of City equipment and tools City policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there obstacles in my job that make it difficult to perform my job duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have I tried to improve teamwork and partnerships both within my work group and with other City partners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have I tried to independently resolve problems without supervisor assistance, while still sharing results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do I understand how my work impacts the City or Community at large?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do I receive enough feedback about my work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Is there anything my supervisor or the City can do to help me perform my job more effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there anything additional my supervisor or the City can do to support my career development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any changes that should be made to my job description?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I have additional comments to provide regarding my performance evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use the box provided below.
Department Specific Category if needed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Additional comments:

# PERFORMANCE EVALUATION & GOALS REVIEW

## SECTION 2: Completed by the Supervisor

Performance Review Including Essential Job Functions

### Employee Information:

Name:

Review Period:

Job Title:

Supervisor:

1. Quality of Work/Dependability/Professionalism	E*	M	DN*
Produces work that is consistently accurate and thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilizes work time and City resources efficiently and responsibly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes assignments promptly and respects the time constraints of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains reliability and punctuality in attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates accountability for actions and decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

2. City Core Values/Judgment/Initiative	E*	M	DN*
Makes sound, practical decisions appropriate to the situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actively contributes to the City's success and exhibits dedication to public service and teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes initiative and proactively seeks actions that serve the best interest of the City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays the City's Values, Vision & Mission in daily tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engages in assignments, duties and/or training to improve professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

3. Interpersonal Communications	E*	M	DN*
Builds and maintains effective relationships, communicates with respect even in challenging situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates receptiveness to others and resolving disputes directly and appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Produces communication that is consistently accurate, well-organized and tailored for to the audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to present information clearly and persuasively, responding appropriately to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adheres to City policies regarding professional and appropriate communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actively shares information and listens to others' points of view	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

In this section, the supervisor should review the employee's job description, and rate the employee on 3 essential job functions.

4. Essential Job Functions	E*	M	DN*
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Job Function A:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Function B:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Function C:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Evaluate the employee's overall job performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Yes	No
Was an Employee Self-Evaluation completed and available for consideration?	<input type="checkbox"/>	<input type="checkbox"/>
Was the current position description reviewed and any proposed changes discussed?	<input type="checkbox"/>	<input type="checkbox"/>
A <b>signed</b> copy of the job description must be included with this review.		

### SECTION 3: This section is to be completed jointly.

Progress on Current Goals:

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Next Evaluation Period Goals and Action Plans:

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Additional Comments:

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**Verification of Review:**

*By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.*

Employee Signature

Date

Supervisor Signature

Date

Dept. Director Signature

Date

Original: HR  
Copies: Employee  
Supervisor

**Additional Employee Comments:**

# MID-YEAR JOB/CAREER DISCUSSION

## SECTION 1: Completed by the Employee

### Short Answer Self-Evaluation

Employee Information

**Name:**

**Review Period:**

**Job Title:**

**Supervisor:**

What significant challenges did you encounter/overcome?

How do you feel about the feedback you receive – Is it helpful and constructive?

Do you feel your current responsibilities are aligned with your skills and career goals?

What do you enjoy most about working for the City of Whitewater?

What does the City need to do better to support you in your career and wellbeing?



Additional Comments:

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Employee Signature

Date

## MID-YEAR JOB/CAREER DISCUSSION

## SECTION 2: Completed by the Supervisor

## Employee Information

**Name:**

**Review Period:****Job Title:**

**Supervisor:**

	Yes	No
Was an Employee Self-Evaluation completed and available for consideration?	<input type="checkbox"/>	<input type="checkbox"/>

Are there areas of performance or development that should be particularly noted? Provide specific examples.

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Supervisor suggestions for training or development

**This section should be completed jointly.**

Professional Development Action Plan:

List specific activities the employee will do in the next review period and up to the next three years as part of their professional development.

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Additional Comments:

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**Verification of the Discussion:**

*By signing this form, you confirm that you have discussed this form in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.*

_____ Employee Signature	_____ Date
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_____ Supervisor Signature	_____ Date
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_____ Dept. Director Signature	_____ Date
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Original: HR

Copies: Employee  
Supervisor