

**MADISON COUNTY PUBLIC LIBRARY EMPLOYEE EVALUATION FORM**

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_ Supervisor: \_\_\_\_\_

***Supervisors, with the previous year since the last evaluation in mind, please address the following categories about the employee you are evaluating. Be as specific as possible.***

1) Biggest accomplishment(s):

2) Greatest strength(s) with regard to position:

3) Keep doing what you're doing:

4) Things to work on for next evaluation:

5) Red flags (need immediate and sustained improvement):

Performance Improvement Plan indicated? Yes      No

6) Performance objectives:

1 --

Date of Completion:

2 –

Date of Completion:

Employee signature and date: \_\_\_\_\_

Supervisor signature and date: \_\_\_\_\_

Director signature and date: \_\_\_\_\_