PERFORMANCE APPRAISAL – PROSECUTING ATTORNEY

I. EMPLOYEE IDENTIFICATION

D. ATTITUDE

NAME:	CLASSIFICATION:	
WORK UNIT:	RATING PERIOD:	
II. INSTRUCTION TO SUPERVISOR		
When conducting an employee performance appraisal, careful consideration should be given to each factor. Performance appraisal is an objective process and employees should be rated on the way they meet the standards and objectives of their positions. There shall be two ratings: "satisfactory" or "unsatisfactory." When an employee is rated "unsatisfactory" in any category, the rating supervisor shall state reasons and, if practicable, suggestions for improvement. All ratings of "unsatisfactory" must be discussed with the employee prior to the submission of the report to the Chief State's Attorney.		
III. EVALUATION		
A. CASE PREPARATION		
SATISFACTORY	UNSATISFACTORY	
COMMENTS:		
B. CASE PRESENTATION		
SATISFACTORY	UNSATISFACTORY	
COMMENTS:		
C. QUANTITY OF WORK		
SATISFACTORY	UNSATISFACTORY	
COMMENTS:		

SATISFACTORY	UNSATISFACTORY
COMMENTS:	
E. ABILITY TO DEAL EFFECTIVELY WI	TH OTHERS
SATISFACTORY	UNSATISFACTORY
COMMENTS:	
F. COMPLIANCE WITH AGENCY RULES	S AND DIRECTIVES
SATISFACTORY	UNSATISFACTORY
COMMENTS:	
G. ATTENDANCE	
SATISFACTORY	UNSATISFACTORY
COMMENTS:	
H. TRAINING AND LEADING STAFF (SU	PERVISORS ONLY)
SATISFACTORY	UNSATISFACTORY
COMMENTS:	
I. PLANNING AND ASSIGNING WORK (S	SUPERVISORS ONLY)
☐ SATISFACTORY	UNSATISFACTORY

COMMENTS:	
J. FAIRNESS AND IMPARTIALITY (SUPER	EVISORS ONLY)
SATISFACTORY	UNSATISFACTORY
COMMENTS:	
K. OVERALL PERFORMANCE EVALUATION	ON
SATISFACTORY	UNSATISFACTORY
COMMENTS:	
IV. SIGNATURES	
Signature of Supervisor – Evaluator	Date Signed
Employee: I hereby indicate that I have received a discuss it with the evaluator.	a copy of this appraisal and have had an opportunity to
Signature of Employee	Date Signed
State's Attorney / Deputy/Chief State's Attorney: I rating.	I have received the above and concur in the overall
Signature of State's Attorney/ Deputy Chief/St	ate's Attorney Date Signed