APPENDIX 23

EMPLOYER SERVICES PERFORMANCE APPRAISAL

Staffing Specialists

nployee's Name:		Supervisor:				
ipioyee's Name.		Supervisor.				
cation:		Date:				
pe of Review:						
) Mid-Year Review	End-of-Year Review					
	C End of Four Novion					
	Please respond to each item by placing an "X" 0 = Does Not Meet	in the appropriate column using the following 1 = Meets	scale:			
One-on-One Comp	etencies					
oility to Address Em	ployers' Needs					
			ſ	0	1	2
a. Anticipates and	understands employers' needs.				'	
	rs' needs through The WorkSource resources v	hen possible.				
	e methods to fulfill employers' needs when nece					
	regularly with Resident Services staff to fill job					
			TOTAL:		0.00	
ternal Relationships						
			<i></i>	0	1	2
	ional relationships with ESD staff.					
	ional relationships with RSD staff.					
 c. Builds rapport a 	nd trust with others.					
d. Displays integri	ty by following through on personal commitmen	ts.				
			TOTAL:		0.00	
Comments:						
Comments.						

External Relationships

		0	1	2
a. Maintains communication with all employers in need of service.				
b. Listens to what customers say they want and need and responds appropriately.				
c. Successfully networks with area organizations and other groups.				
d. Treats every customer as the most valued customer.				
e. Follows up and follows through with employers				
т	OTAL:		0.00	
Comments:				
Documentation				
		0	1	2
a. Promptly provides required documentation on services and activities.				
c. Documents in a manner that allows others to easily see activities.				
TO	OTAL:		0.00	
Comments:				
Comments.				

TOTAL FOR SECTION A:

<i></i>		
Fill rate is assessed based on the following scale: 22.0% and above - Exceeds 20.0% - 21.9% - Meets 19.9% and below - Does	not Meet	
	atatad abasis and other the Occasion Office	- 6:11
Individuals can only be rated as meets or exceeds when they meet the criteria 17% or above. In the event that the Career Office fill rate is below 17%, the indi		e fili rat
Career Office Fill Rate:		
Number of Postings Filled During Evaluation Period:		
Total Number of Postings During Evaluation Period:		
	Percent Reached:	#DIV/
	Overall Result:	0
Comments:		
TOTAL FOR	SECTION B.	0
TOTAL FOR	SECTION B:	0
llow Up		
w Up		
Follow Up Rating		
	Overall Result:	0
Comments:		

SUMMARY PAGE

One-on-One Competencies (Section A)	0.00	DOES NOT MEET
Fill Rate (Section B)	0.00	DOES NOT MEET
Follow Up (Section C)	0.00	DOES NOT MEET

BONUS AMOUNT: \$0.00

Additional Comments (Supervisor):	
Employee's Comments (Optional):	
- In project Commonte (Cp account).	
Employee Acknowledgment:	
I have read and understand this performance review. I have had the entered any comments I felt were appropriate in the space above. I un	ne opportunity to discuss this review with my supervisor and I have nderstand that I have the option of filing a written rebuttal to the review
within the next 15 days unless this review is conducted during my	initial employment period. I understand that this document is not a ontinue as an at-will employee. My signature indicates only that I have
read the review and that I have received a copy of this evaluation. My	signature does not necessarily indicate that I agree with its content.
Employee's Signature	Manager's Signature

Date