



YAMHILL FIRE PROTECTION DISTRICT PERFORMANCE EVALUATION

Appendix 747-C

Name: _____ Position: _____

Chief Present: _____ YES _____ NO

Date of Evaluation: _____

Supervisor: _____

Reason for Evaluation:

Annual Probation **Policy Infraction** **Missed Critical Participation requirements**

(For Policy or Critical Participation Evaluation - requires the Chief to be present)

Confidential Document:

This is a confidential Document intended for Yamhill Fire Protection District. Any unauthorized viewing, use or distribution is strictly forbidden. This document is exempt from public record according to ORS 192.660 (1) (i).

Instruction: Evaluate the employee's work performance as it pertains to the job requirements. Circle the letter that best describes the employee's performance since the last evaluation. Add comments to support evaluation. Critical job participation requirements must be met to receive a satisfactory evaluation unless supervisor agrees that the employee's explanation is acceptable.

CRITICAL JOB PARTICIPATION REQUIREMENTS:

N – Needs Improvement

M – Meets Minimum

E – Exceeds Minimum

FACTORS

EVALUATION

COMMENTS

EMERGENCY CALLS

N M E

Attends emergency calls

DRILLS

N M E

Attends or makes up
50% or more drills
Annually

BUSINESS MEETINGS

N M E

Attends 50% or more
Of designated business
Meetings annually

JOB PERFORMANCE:

PUBLIC RELATIONS

N M E

Attends community
Service events, or
Other public service

TASK ASSIGNMENTS

N M E

Can be relied upon to
Complete tasks correctly
And on time.

TASK PERFORMANCE

N M E

Able and willing to perform
Job functions at the
Appropriate level

ATTENTION TO POLICY

N M E

Follows S.O.G.'s safety
Regulations etc. Meets
Minimum requirements
For membership

INTERPERSONAL SKILLS

N M E

Willingness and ability to
Communicate, cooperate,
and work with co – workers
and supervision

ACCOMPLISHMENTS:

FUTURE PLANS FOR AREAS THAT NEED IMPROVEMENT:

RECOMMENDATIONS FOR CAREER DEVELOPMENT – SCHOOLING- SEMINARS ECT....

EMPLOYEE’S OVERALL PERFORMANCE:

N – NEEDS IMPROVEMENT M – MEETS MINIMUM E – EXCEEDS MINIMUM

COMMENTS:

EMPLOYEES SIGNATURE

SUPERVISOR SIGNATURE

DATE OF EVALUATION: _____

FIRE CHIEF REVIEW: _____

DATE: _____