



## PART-TIME EMPLOYEE EVALUATION

NAME		DATE	
TITLE		DEPT.	
<b>PROFESSIONAL QUALITIES</b>			
<b>EXCELLENT</b>	<b><u>G</u>OOD</b>	<b><u>S</u>ATISFACTORY</b>	<b><u>W</u>EAK</b>
1. Communication Skills			
2. Tact and Judgment			
3. Professional Ethics			
4. Enthusiasm			
5. Initiative and Resourcefulness			
6. Problem Solving Ability			
7. Organization			
8. Co-operation/Adaptability			
9. Knowledge of Job			
10. Relates well to the public			
11. Relates well with co-workers			
12. Leadership Ability			
13. Loyalty to the Park District			
14. Possesses appropriate attitude that represents our agency			
<b>PERSONAL CONDUCT</b>			
1. Conduct and character			
2. Punctuality/Dependability			
3. Attendance Record			
4. Attitude			
5. Personal Appearance/Hygiene			
<b>COMMENTS</b>			
<b>EVALUATOR (S)</b>			
This signature indicates that a conference has been held and that the employee has seen, although not necessarily agreed with this evaluation.			
<b>EMPLOYEE SIGNATURE</b>			
<b>DATE</b>			
<b>EVALUATOR SIGNATURE</b>			
<b>DATE</b>			