Immediate Supervisor Evaluation

This form is to be used to evaluate your immediate supervisor. The results of these evaluations will be considered in determining four of the 10-12 factors on which your supervisor is rated The actual evaluation forms will only be seen by your supervisor's supervisor.

On a scale of 1-4, with I being the lowest and 4 being the highest, rate your supervisor in the following areas.

| Supervisor's Name | | Date | |
|-------------------|--|--------------------------------|--|
| 1. | <u>Job knowledze of your superviso</u> r: How knowledgeable is your technical area of expertise? | s upervis or in his/he 1234 | |
| | Comments | | |
| | How well does helshe do hislherjob? | 1234 | |
| | Comments | | |
| 2. | Interpersonal relations: The willingness of and ability of your supervisor to | | |
| | communicate, cooperate, and work with co-workers and manag | ers. 1234 | |
| | Comments | | |
| | Supervisor treats me in a professional manner. | 1234 | |
| | Comments | | |
| | There is a sense of trust between me and my supervisor. | 1234 | |
| | Comments | | |
| | Ifeel I can communicate openly with my supervisor and that my considered | comments are 1234 | |
| | Comments | | |
| | My supervisor gives me adequatefeedback on how I'm perform | ing my work. 1234 | |
| | Comments | | |

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| Supe | pervisor's Name | | |
|------|---|--|--|
| 3. | <u>Creativity:</u> The degree to which your supervisor suggests ideas, discovers new and be ways of accomplishing goals. | | |
| | 1234 | | |
| | Comments | | |
| 4. | <u>Adherence to Policy</u> : The degree to which my supervisorfairly administers and adhere to rules and other regulations. | | |
| | 1234 | | |
| | Comments | | |
| 5. | <u>Problem Solvin-olDecision Making</u> : Creativity, innovation and finding workable solutions to problems. How effective are the decisions of your supervisor? 1234 | | |
| | Comments | | |
| 6. | Employee Development: My supervisor is supportive of training, educational opportunities, tools and equipment which allow me to perform better in my existing position. | | |
| | 1234 | | |
| | Comments | | |
| | | | |
| Sion | nature ofEvaluator — Date | | |

*NOTE: Forms must be signed to be considered.