

Rating Summary

| Objectives/Skills | Weight | = | Weighted Rating |
|--------------------------------|--------|-------------------|-----------------|
| 1. Customer Service (200) x | 0 | = | 0 |
| 2. Training (200) x | 0 | = | 0 |
| 3. Leadership (200) x | 0 | = | 0 |
| 4. Quality of Work (150) x | 0 | = | 0 |
| 5. Attendance (125) x | 0 | = | 0 |
| 6. County/Deptl. Rules (125) x | 0 | = | 0 |
| Weighted Total = | 0 | Divided by 1000 = | 0 |

0
OVERALL
PERFORMANCE
RATING

| Overall Performance Levels | |
|------------------------------|----------------|
| Far Exceeds Standards | 4.0 and Above |
| Exceeds Standards | 3.5 - 4.49 |
| Consistently Meets Standards | 2.5 - 3.49 |
| Marginal Standards | 1.5 - 2.49 |
| Below Standards | 1.49 and Below |

| Overall Rating | |
|------------------------------|--------------------------|
| Far Exceeds Standards | <input type="checkbox"/> |
| Exceeds Standards | <input type="checkbox"/> |
| Consistently Meets Standards | <input type="checkbox"/> |
| Marginal Standards | <input type="checkbox"/> |
| Below Standards | <input type="checkbox"/> |

Appraisal Summary

Overall Summary

CAREER DEVELOPMENT

000012

EMPLOYEE COMMENTS

SIGNATURES Performance Plan Interim / Other Probationary / Annual

| | | | |
|---------------------------------|--|----------------------------|----------------------------|
| EMPLOYEE | DATE: 8/6/07 SIGN: <i>[Signature]</i> | DATE: _____ SIGN: _____ | DATE: _____ SIGN: _____ |
| IMMEDIATE SUPERVISOR (Rater) | DATE: _____ SIGN: _____ | DATE: _____ SIGN: _____ | DATE: _____ SIGN: _____ |
| NEXT LEVEL SUPERVISOR | DATE: _____ SIGN: _____ | DATE: _____ SIGN: _____ | DATE: _____ SIGN: _____ |
| DEPARTMENT HEAD | DATE: _____ SIGN: <i>[Signature]</i> | DATE: _____ SIGN: _____ | DATE: _____ SIGN: _____ |

Note: The employee's signature acknowledges receipt of this report and not that the employee necessarily agrees with it.