

WILDERNESS COAST PUBLIC LIBRARIES
Employee Performance Review

EMPLOYEE INFORMATION			
Name	Courtney Nicolou		Employee Number
Job Title	Central Administrator	Date	2/14/21
Department	WILD Office	Manager Governing Board	
Review Period	December 2020	to	December 2021

RATINGS					
	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Overall Rating (average the rating numbers above)					

EVALUATION	
ADDITIONAL COMMENTS	
GOALS (as agreed upon by employee and manager)	The Central Administrator will continue to plan and and achieve goals as outlined in the Annual Plan of Service as well as the goals in the long-range plan.

VERIFICATION OF REVIEW			
<i>By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.</i>			
Employee Signature		Date	2/14/22
Manager Signature		Date	2/14/22