Washington County Performance Recognition Form

Employee Name: _____ Title:_____
Department:_____ Supervisor:_____

Evaluator:_____ Phone #:_____
Check One: ☐ Direct Supervisor ☐ Department Head ☐ Elected Official

Reason For Recognition: Check all that apply:

- ❑ Work Ethic
- ❑ Attitude
- ❑ Quality of Work
- ❑ Punctuality
- ❑ Quantity of Work
- ❑ Attendance
- ❑ Dedication
- ❑ Customer Service
- ❑ Knowledge of Job
- ❑ Initiative
- ❑ Dependability
- ❑ Personal Relations
- ❑ Other_____

Specific reasons/examples employee is being recognized:
_____
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Employee Comments:_____
_____
_____
_____

Employee Signature:_____Date:_____
Supervisor Signature:_____Date:_____

cc: Human Resources
Personnel File

The Performance Recognition form is intended to provide immediate positive feedback to employees performing exceptionally in one or more areas throughout the year. This form does not replace the Annual Performance Evaluation, but will remain in the performance section of the employee file.