

# Personnel Evaluation

City of Rexburg



CITY OF  
**REXBURG**  
America's Family Community

35 N 1<sup>st</sup> E  
Rexburg, ID 83440

www.rexburg.org

Phone: 208.359.3020  
Fax: 208.359.3022

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dept: \_\_\_\_\_

Employee's Job Title: \_\_\_\_\_

Describe what you liked (happy with, proud of, impressed with, etc.) that you accomplished since our last evaluation:

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Describe those processes, tasks or responsibilities that you feel you need improvement in or things you might feel frustrated with:

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Describe any need for training, equipment, special considerations, help from me, etc., that would help with your responsibilities:

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Signed:

Employee \_\_\_\_\_ Supervisor \_\_\_\_\_

(Leave a copy with employee, original to personnel file)

Supervisor comments: \_\_\_\_\_

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