Maplewood Parks & Recreation Department

Annual Performance Review

Review Period: January 1 – December 31, 2025 | Due to HR by December 15

Employee Name: _____ Employee ID: _____

Job Title: _____ Department: _____

Supervisor: _____ Review Date: _____

Years in Role: _____ Employment Type: _____

Rating Scale

5 – Exceptional	4 – Exceeds Expectations	3 – Meets Expectations	2 – Needs Improvement	1 – Unsatisfactory

Performance Categories

Category	Rating (1–5)	Comments
Job Knowledge & Skills	____	
Quality of Work	____	
Productivity & Reliability	____	
Communication	____	
Teamwork & Collaboration	____	
Initiative & Problem Solving	____	
Customer / Community Service	____	
Safety & Compliance	____	

Overall Rating: _____ Overall Comments:

_____

_____

Goals for Next Review Period

1. _____
2. _____
3. _____

Employee Comments

_____

_____

Supervisor Signature: _____ Date: _____

Employee Signature: _____ Date: _____ (Signature does not imply agreement)