

**CITY OF CORAL GABLES
DEPARTMENT
INTERIM EMPLOYEE PERFORMANCE COUNSELING RECORD
(30 Day Evaluation)**

Date:

Name:

ATTENDANCE

Job Title:

Sick Hours:

Hire Date:

Tardies:

Non-preapproved

Absence:

PRODUCTIVITY:

QUALITY OF WORK:

APPLIED JOB KNOWLEDGE:

TEAMWORK:

INITIATIVE:

RECORDS & PROCEDURES:

COMMUNICATION & PUBLIC CONTACT:

WORK HABITS:

SUPERVISION (Where applicable):

Foreman Comments:

Employee Comments: _____

Employee Signature: _____ **Foreman Signature:** _____

Date Signed: _____