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| PLCB-1678Rev. 06/2002 | **PERFORMANCE EVALUATION REPORT FOR STORE PERSONNEL** | PENNSYLVANIA LIQUOR CONTROL BOARDBUREAU OF HUMAN RESOURCE MANAGEMENT |
| TYPE REPORT | [ ]  ANNUAL | [ ]  PROBATIONARY | [ ]  INTERIM | DATE REGULAR STATUS BEGINS      |
| EMPLOYEE NAME      | EMPLOYEE NUMBER      |
| CLASS TITLE      | POSITION NUMBER      |
| ORGANIZATION      | RATING PERIOD  | FROM        | TO       |
|  PERFORMANCE FACTORS: Liquor Store Clerks and Cashiers must be rated on Factors 1-11.Employees with supervisory duties must be rated on all Factors including #12 through #17. | ABOVESTANDARD | STANDARD | NEEDSIMPROVE-MENT | BELOWSTANDARD |
|  **1. CUSTOMER RELATIONS** Ability to assist and interact with customers in a friendly, professional and  courteous manner; provide prompt and efficient service to customers; and type of customer feedback. |       |       |       |       |
|  **2. COUNTER PERFORMANCE** Adherence to sales completion procedures; POS procedures; frequency of  cash discrepancies; voids and other register errors. |       |       |       |       |
|  **3. DEPENDABILITY** Degree to which employee can be relied upon to work steadily and effectively. |       |       |       |       |
|  **4. QUALITY OF WORK** Completeness; accuracy; neatness; professional or technical proficiency. |       |       |       |       |
|  **5. EMPLOYEE RELATIONS** Ability to get along with superiors; subordinates; and co-workers |       |       |       |       |
|  **6. INITIATIVE**  Resourcefulness; versatility; originality; ability to conceive of and carry out program  improvements. |       |       |       |       |
|  **7. JUDGEMENT**  Independence of action; degree to which an employee acts decisively; frequency with which  employee selects proper course of action. |       |       |       |       |
|  **8. PERSONAL APPEARANCE**  Adherence to prescribed dress code. |       |       |       |       |
|  **9. ATTENDENCE**  Punctuality in adhering to posted shift schedule; regularity of attendance; and adherence  to leave policy. |       |       |       |       |
| **10. PRODUCT KNOWLEDGE** Employee develops and sustains an understanding of products and product  selection sufficient to provide satisfactory customer assistance. |       |       |       |       |
| **11. SAFETY** Adherence to established standards of store safety. |       |       |       |       |
| **12. SALES & CASH MANAGEMENT**  Care in securing monies; accuracy of deposits; adherence to  established policy and procedures of cash management; effectiveness in establishing/enforcing counter  rules; and maintenance of low inventory losses. |       |       |       |       |
| **13. INVENTORY MANAGEMENT**  Adherence to most current order factors and turn rates; identification of  excess or no-sale stock with subsequent appropriate action; maintaining proper reserve stock; and  initiative in securing items. |       |       |       |       |
| **14. MERCHANDISING**  Implementation of general promotional and merchandising policies; proper items/  posted price; adherence to shelf management/ marketing plans. |       |       |       |       |
| **15. PERSONNEL MANAGEMENT & SUPERVISORY SKILLS** Planning, organizing, delegating work;  scheduling and training of work force; maintaining communication; documentation. |       |       |       |       |
| **16. RECORDS & CORRESPONDENCE MANAGEMENT** Promptness and accuracy of reports and  correspondence; accuracy and currency of records and files. |       |       |       |       |
| **17. COMMITMENT TO EQUAL EMPLOYMENT OPPORTUNITY** Maintaining a non-discriminatory working  environment without regard to race, sex, national origin, handicap or other non-work related factors. |       |       |       |       |
| **O****VERALL EVALUATION** |  |  |  |  |
| RATER COMMENTS: SEE ATTACHED SHEET – COMMENTS BY THE RATER ARE **MANDATORY** |
|   |   |   |   |
| EMPLOYEE # |  SIGNATURE |  TITLE |  DATE |
| **REVIEWING OFFICER COMMENTS** |
|  |  |  |  |
| EMPLOYEE # | SIGNATURE |  TITLE |  DATE |
| I would like to discuss this report with the reviewing officer.[ ]  YES [ ]  NO | I acknowledge that I have read this report and have been given an opportunity to discuss it with the evaluator. My signature does not necessarily mean that I agree with the evaluation. |   |   |
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| SIGNATURE | DATE | REVIEWING OFFICERS INITIALS |  DATE |

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| PERFORMANCE FACTORS - ADDITIONAL COMMENTS |
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| **EMPLOYEE**:  |  | EMPLOYEE # |  |
|  |
| **RATING PERIOD – FROM:** |  |
|  |
| **RATER:** |  | **TITLE:** |  |
|  |
| **Instructions: Prepare in five copies. Provide reasons for those factors rated ABOVE STANDARD, NEEDS IMPROVEMENT or BELOW STANDARD. Refer to your Instruction Manual for guidance.** |
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| FACTOR # |  | **- RATING:** |  | ABOVE |  | **NEEDS IMPROVEMENT** |  | BELOW |
|       |
| FACTOR # |  | **- RATING:** |  | ABOVE |  | **NEEDS IMPROVEMENT** |  | BELOW | BELOW |
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| FACTOR # |  | **- RATING:** |  | ABOVE |  | **NEEDS IMPROVEMENT** |  | BELOW |
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| FACTOR # |  | **- RATING:** |  | ABOVE |  | **NEEDS IMPROVEMENT** |  | **BELOW** |
|       |
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| **EMPLOYEE SIGNATURE:**  | **DATE:**  |