

**OVERHEAD PERFORMANCE RATING**

**INSTRUCTIONS:** The immediate job supervisor will prepare this form for each subordinate overhead. It will be delivered to the Coordinator before the rating official leaves the assignment. Rating will be reviewed with the employee, who will sign at the bottom.

**Overhead Performance Rating**

1. Name		2. Fire Name and Number				
3. Home Unit Name / Address:		4. Location of Assignment				
5. Position	6. Dates of Assignment	7. Complexity		8. Level of Activity		
		Single	Multi	Light	Moderate	Heavy
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. Evaluation**

Enter X under the appropriate rating number and under the proper heading for each category listed. Definition for each rating number follows:

0 – Deficient. Does not meet minimum requirements of the individual element.

**DEFICIENCIES MUST BE IDENTIFIED IN REMARKS.**

1 – Needs to Improve. Meets some or most of the requirements of the individual element.

**IDENTIFY IMPROVEMENT NEEDED IN REMARKS.**

2 – Satisfactory. Employee meets all requirements of the individual element.

3 – Superior. Employee consistently exceeds the performance requirements.

Rating Factors																
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Knowledge of the Job																
Following Procedures																
Completes Work in a Timely Manner																
Work Completed Properly																
Attitude																
Initiative																
Communications																
Getting Along with Others																
Adaptability to task																

10. Remarks:															
11. Signature of person being evaluated (This rating has been discussed with me.)														12. Date	
13. Signature of rating individual				14. Home Unit				15. Position				16. Date			