

**Town of Deep River  
POLICY / PROCEDURE MANUAL**

| Corporate Policies and Procedures                  |                     |                                |                       |                             |
|--|---------------------|--------------------------------|-----------------------|-----------------------------|
| <b>DEPARTMENT:</b> Administration                  |                     |                                |                       | <b>POLICY NO.:</b><br>H-005 |
| <b>POLICY NAME:</b> Employee Performance Appraisal |                     |                                |                       |                             |
| <b>DATE OF ORIGIN:</b>                             | <b>REVIEW DATE:</b> | <b>REVISION DATE:</b>          | <b>APPLICABLE TO:</b> | <b>PAGE NUMBERS:</b>        |
| Nov. 6, 1991                                       | Nov. 2021           | Feb. 16, 2011<br>Dec. 15, 2021 | All Employees         | 1 to 16                     |

**APPLICATION**

Performance appraisals will be conducted annually for all Employees of the Town of Deep River.

The purpose of the employee's performance appraisal is to evaluate their performance relative to their duties and responsibilities.

In addition to their specific performance, the following will be evaluated:

1. If necessary, outline any areas requiring improvement or development;
2. Assess the suitability of the employee for additional responsibilities; and
3. Determine, relative to mutually agreed goals and objectives established in the previous performance review period, whether or not these goals and objectives have been achieved.

**PRIVACY**

An individual's right to privacy shall be respected in proceedings under this policy. All documents produced in the performance appraisal procedure shall be sealed in an envelope and for the CAO, signed by the Mayor; for Senior Management Staff, signed by the CAO, and for Staff, signed by the Department Head. Each respective performance appraisal shall be filed in the employee's personnel file.

**PROCEDURE**

Evaluations shall be conducted as follows:

### **Senior Management:**

1. Employee performance appraisals shall be given once a year and will occur in the month of May each year.
2. The CAO's evaluation shall be performed by the Mayor and Reeve.
3. Senior Management evaluations shall be performed by the CAO.

### **Municipal Staff:**

1. Employee performance appraisals shall be given once a year and will occur in Q1 each year.
2. All municipal staff evaluations shall be performed by their respective department heads.

### **New Employees / Probationary Employees:**

1. Newly hired employees shall have periodic evaluations by their respective Department Head and such evaluations shall be placed in the employee's personnel file. These evaluations are necessary for the purpose of guiding the employee as they transition in their position with the Municipality.
2. Once the employee has successfully completed the probationary period, annual evaluations shall be conducted in accordance with the policy.

### **Performance Review:**

1. Should an employee's performance be subject to a review in which improvement is required, a monthly evaluation shall take place to ensure that the employee is aware of the status of their progress.

### **Evaluation**

The evaluation shall be conducted using the forms attached to this policy:

Schedule "A" – Performance Appraisal Form

Schedule "B" - Feedback Forum Employee-Employer Guide to Completion

# Feedback Forum

## Improving Employee Communications

**(3 Parts)**

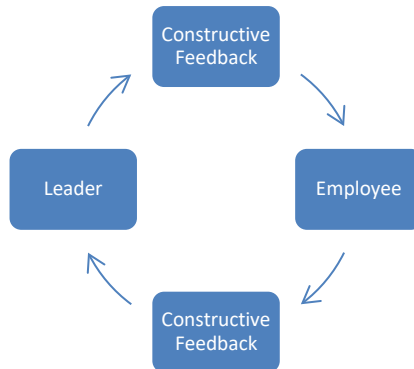
Part 1: General Feedback

Part 2: Employee Goals

Part 3: Salary

|                                |                 |
|--------------------------------|-----------------|
| Completion Date:               | Leader Name:    |
| Employee Name:                 | Job Title:      |
| Department:                    |                 |
| For the Period of: <i>date</i> | To: <i>date</i> |

### Part 1: General Feedback



### Feedback Guides

- 1. State the Purpose
- 2. Share your Opinion
- 3. Provide Examples
- 4. Clarify Why it is Important

### Conversation Guides

1. Organizational Culture/Organizational Fit

- |   |                          |                          |  |
|---|--------------------------|--------------------------|--|
| <input type="checkbox"/> Code of Conduct                            | A                        | B                        |  |
| <input type="checkbox"/> Corporate Values                           | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> Corporate Policies and Procedures          | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> Departmental Standard Operating Procedures | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> Contributions                              | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <input type="checkbox"/> Attendance                                 | <input type="checkbox"/> | <input type="checkbox"/> |  |

A=Continue  
B=Opportunities for Growth

Comment:

Schedule 'A' to Policy H03-2  
Employee Performance Appraisal



- Continue
- Opportunities for Growth

- Continue
- Opportunities for Growth

3. Organizational Behaviours

Comment:

Comment:

4. Professional Development

- Focus On
- Opportunities for Growth

Comment:



**Schedule 'A' to Policy H03-2  
Employee Performance Appraisal**

**Part 2: Employee Goals**

|                                |                 |
|--------------------------------|-----------------|
| Completion Date:               | Leader Name:    |
| Employee Name:                 | Job Title:      |
| Department:                    |                 |
| For the Period of: <i>date</i> | To: <i>date</i> |

| <b>Goal #1</b>             |  |                 |          | Achieved     | Not Achieved |
|----------------------------|--|-----------------|----------|--------------|--------------|
| Description of Goal        |  |                 |          |              |              |
| <b>Goal #2</b>             |  |                 |          |              |              |
| Description of Goal        |  |                 | Achieved | Not Achieved |              |
|                            |  |                 |          |              |              |
| Objectives to Achieve Goal |  | Completion Date | Achieved | Not Achieved |              |
|                            |  |                 |          |              |              |
|                            |  |                 |          |              |              |
|                            |  |                 |          |              |              |
|                            |  |                 |          |              |              |
|                            |  |                 |          |              |              |



**Schedule 'A' to Policy H03-2  
Employee Performance Appraisal**

|                                   |                        |              |                     |
|-----------------------------------|------------------------|--------------|---------------------|
| Employee Comments:                |                        |              |                     |
| Leader Comments:                  |                        |              |                     |
|                                   |                        |              |                     |
| <b>Objectives to Achieve Goal</b> | <b>Completion Date</b> | Achieve<br>d | Not<br>Achieve<br>d |
|                                   |                        |              |                     |
|                                   |                        |              |                     |
|                                   |                        |              |                     |
|                                   |                        |              |                     |
|                                   |                        |              |                     |
| Employee Comments:                |                        |              |                     |
| Leader Comments:                  |                        |              |                     |



**Schedule 'A' to Policy H03-2  
Employee Performance Appraisal**

| <b>Goal #3</b>                    |                        |  |                        | <b>Achieved</b>     | <b>Not Achieved</b> |
|-----------------------------------|------------------------|--|------------------------|---------------------|---------------------|
| <b>Description of Goal</b>        |                        |  |                        |                     |                     |
|                                   |                        |  |                        |                     |                     |
| <b>Objectives to Achieve Goal</b> |                        |  | <b>Completion Date</b> | <b>Achieved</b>     | <b>Not Achieved</b> |
|                                   |                        |  |                        |                     |                     |
| <b>Goal #4</b>                    |                        |  |                        | <b>Achieved</b>     | <b>Not Achieved</b> |
| <b>Description of Goal</b>        |                        |  |                        |                     |                     |
|                                   |                        |  |                        |                     |                     |
| <b>Objectives to Achieve Goal</b> | <b>Completion Date</b> |  | <b>Achieved</b>        | <b>Not Achieved</b> |                     |
|                                   |                        |  |                        |                     |                     |
|                                   |                        |  |                        |                     |                     |
|                                   |                        |  |                        |                     |                     |
|                                   |                        |  |                        |                     |                     |

**Schedule 'A' to Policy H03-2  
Employee Performance Appraisal**



|                                   |  |  |  |                        |                 |                 |  |
|-----------------------------------|--|--|--|------------------------|-----------------|-----------------|--|
|                                   |  |  |  |                        |                 |                 |  |
| Employee Comments:                |  |  |  |                        |                 |                 |  |
| Leader Comments:                  |  |  |  |                        |                 |                 |  |
| <b>Goal #5</b>                    |  |  |  |                        |                 |                 |  |
| <b>Description of Goal</b>        |  |  |  |                        |                 | <b>Achieved</b> |  |
|                                   |  |  |  |                        |                 |                 |  |
| <b>Objectives to Achieve Goal</b> |  |  |  | <b>Completion Date</b> | <b>Achieved</b> |                 |  |
|                                   |  |  |  |                        |                 |                 |  |
|                                   |  |  |  |                        |                 |                 |  |
|                                   |  |  |  |                        |                 |                 |  |
|                                   |  |  |  |                        |                 |                 |  |



Schedule 'A' to Policy H03-2  
Employee Performance Appraisal



|                    |  |  |  |
|--------------------|--|--|--|
| Employee Comments: |  |  |  |
| Leader Comments:   |  |  |  |
|                    |  |  |  |
|                    |  |  |  |
|                    |  |  |  |
|                    |  |  |  |
| Employee Comments: |  |  |  |
| Leader Comments:   |  |  |  |



**Schedule 'A' to Policy H03-2  
Employee Performance Appraisal**

**Part 3: Salary**

|                                |                 |
|--------------------------------|-----------------|
| Completion Date:               | Leader Name:    |
| Employee Name:                 | Job Title:      |
| Department:                    |                 |
| For the Period of: <i>date</i> | To: <i>date</i> |

|   |     |    |
|---|-----|----|
| <b>Succession Planning Declaration Submitted?</b> | YES | NO |
| <b>Comments/Recommendations (if applicable):</b>  |     |    |
|   |     |    |

**Probation:**

- 90 days (675hrs)                     
  120 days (900hrs)                     
  Other (specify) \_\_\_\_\_  
 Extend Probation for a period of \_\_\_\_\_ months  
 Probationary Period Completed

---

**This Feedback Form has been discussed with me by the rating Leader**

|                           |             |
|---------------------------|-------------|
| Employee Signature: _____ | Date: _____ |
| Leader Signature: _____   | Date: _____ |
| Division Manager: _____   | Date: _____ |
| Department Head: _____    | Date: _____ |

**Schedule 'A' to Policy H03-2  
Employee Performance Appraisal**

