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|  eLEET: Electronic Laboratory Employee Enrichment Toolkit **EMPLOYEE PERFORMANCE EVALUATION FORM**This evaluation is intended to facilitate communication between supervisors and employees regarding expectations of job performance and to provide a mechanism for the evaluation of actual performance.  |
| **Information** |
| Name:       | Fiscal Year:       |
| Supervisor’s Name:       | Rating Period:       |
| Job Classification/Status:       |
|  |
| Does the employee's Position Description (PD) accurately reflect the current, and anticipated, duties and responsibilities for the upcoming review period? (If no, modify the PD as required before beginning the review period.) |
|  |
|  | [ ]  |  Yes |   | [ ]  | No - Date Modified: |  |  |
| **Ratings:** |
| **3** | **=** | **Outstanding:** | Exceptional performance. Achievements are clearly superior to the level of performance required for the job. |
| **2** | **=** | **Meets Standards:** | Met the required and expected results for the job. Good performance which is expected of a fully experienced or competent employee. |
| **1** | **=** | **Needs Improvement:** | Job requirement and results were partially met. Performance needs development to meet the standards expected of a competent employee. |
| **0** | **=** | **Unsatisfactory:** | Performance is unacceptable and shows no significant progress or improvement.  |
|  |
| **Position-Specific Performance Standards** | **Mid Cycle Rating** | **End Cycle Rating** |
| 1 | Describe each specific job function |  |   |
| 2 |  |  |   |
| 3 |  |   |   |
| 4 |  |   |   |
| 5 |  |   |   |
|  |
|  | **Number of Position-Specific Performance Elements Rated:** | 0 | 0 |
| **Behavioral Elements** | **Mid Cycle Rating** | **End Cycle Rating** |
| **Work Ethic** |
| 1 | Maintains good attendance (The use of FMLA-qualifying leave should not be considered) |   |   |
| 2 | Follows call-in/leave policies |   |   |
| 3 | Reports to work area on time and does not leave until designated time |   |   |
| **Team-Work** |
| 4 | Works cooperatively with others to implement the Department's goals |   |   |
| **Communication** |
| 5 | Speaks effectively |   |   |
| 6 | Writes effectively (clear, organized, appropriate grammar, punctuation) |   |   |
| 7 | Interacts positively with co-workers |   |   |
| **Customer Service (if applicable)** |
| 8 | Strives to meet customer requirements |   |   |
| 9 | Is courteous to customers and co-workers |   |   |
| 10 | Provides timely, accurate and appropriate information to customers |   |   |
| 11 | Presents a professional image in attire and maintenance of workspace |   |   |
| 12 | Keeps commitments and follows through on customer requests |   |   |
| **Initiatives** |
| 13 | Solves problems without being asked |   |   |
| 14 | Works to continuously improve processes |   |   |
| 15 | Engages in opportunities for self-improvement |   |   |
| **Work Performance** |
| 16 | Appropriately prioritizes work  |   |   |
| 17 | Completes assignments accurately and on time |   |   |
| 18 | Maintains confidentiality |   |   |
| 19 | Exercises appropriate judgment |   |   |
| 20 | Follows directions |   |   |
|  |
|  | **Number of Behavioral Elements Rated:** |  | **0** | **0** |
|  |
|  | **Total Number of Elements Rated:** |  | **0** | **0** |
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| **Mid-Cycle Rating** |
| **Outstanding** | **Exceeds****Standards** | **Meets****Standards** | **Needs****Improvement** | **Unsatisfactory** |
| 4.0 - 3.75 | 3.74 - 2.75 | 2.74 - 1.75 | 1.74 - 0.75 | 0.74 - 0.0 |
|  |
| **Tasks to be Achieved Before the End of Cycle Rating:** |
|  |
| **Training Recommendations:** |
|  |
| **Supervisor's Comments:** |
|  |
| **Employee's Comments:** |
|  |
| Employee Signature: |   | Date: |   |
|  |  |  |  |
| Supervisor Signature:  | Date: |
| By my signature I attest that I understand and adhere to the Governor's Code \_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Division Manager: | Date: |
|  |

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| **End Cycle Rating** |
| **Outstanding** | **Exceeds****Standards** | **Meets****Standards** | **Needs****Improvement** | **Unsatisfactory** |
| 4.0 - 3.75 | 3.74 - 2.75 | 2.74 - 1.75 | 1.74 - 0.75 | 0.74 - 0.0 |
|  |
| **Tasks to be Achieved Before the next Mid-Cycle Rating:** |
|  |
| **Training Recommendations:** |
|  |
| **Supervisor's Comments:** |
|  |
| **Employee's Comments:** |
|  |
| Employee Signature: |   | Date: |   |
|  |  |  |  |
| Supervisor Signature:  | Date: |
| By my signature I attest that I understand and adhere to the Governor's Code \_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| Appointing Authority: | Date: |