Performance Evaluation Program Administrative, Operational, Institutional Services Units. and Division of Military and Naval Affairs Unit

ANNUAL PERFORMANCE **EVALUATION FORM**

INSTRUCTIONS TO SUPERVISORS

EVALUATION PERIOD Complete Sections 1 and 2A.

Evaluation Period From:

and/or quantity where possible.

1.

2.

3.

4.

5.

Employee: _

Employee

AT THE START OF THE

AT THE MIDPOINT OF THE **EVALUATION PERIOD** Complete Section 3.

EVALUATION PERIOD Complete Sections 2B, 4, 5 and 6.

AT THE END OF THE

Enter the following	information.
Employee's Name	

SECTION 1 - EMPLOYEE IDENTIFICATION

Employee's Name_	

____ Agency/Facility____ Social Security Number _____ Division/Section

Describe the employee's performance in accomplishing the

tasks specified in Section 2A. Explain how the employee's

SECTION 2B - PERFORMANCE APPRAISAL

Salary Grade Item Number

Employees's Negotiating Unit:__Administrative Services __Institutional Services __Operational Services __DMNA

SECTION 2A - PERFORMANCE PROGRAM List the important tasks of the job and briefly describe

how you expect each to be performed. Your expectations should be expressed in terms of quality

performance met, exceeded or failed to meet your expectations.

1.

2.

4.

5.

(Date)

(Attach additional sheets, if necessary)

SECTION 3 - SIX-MONTH RECERTIFICATION (OPTIONAL)

I received a copy of this performance program on

(Initials)

We met within one month before or after the approximate midpoint of the rating period to discuss the employee's performance, and to reaffirm or revise the performance program (If revised, changes have been reviewed and approved, and revisions are attached). If a rating were assigned today based upon service to date, I would propose that it be _____ Satisfactory ____ Unsatisfactory (check one). This is not a rating; therefore, it is not appealable.

Supervisor (Signature)

(Signature)

(Date)

(Date)

Comm and att	ent on oth tendance p		the employee's performance or the	ors, personal characteristics and time performance of other employees.
		AND THE TAX		
Prepare	ad by			
гтеран	eu by	(Print or type Name)	(Signature)	(Date)
Check	the rating	RFORMANCE RATING which best summarizes the elition and justification.	mployee's performance. A rating of	"Unsatisfactory" must be supported by
	acceptab as specifi	ly. It is the expected and usual I ied in the performance program	ory which covers a wide range of employee of performance. The employee of for all tasks and performs in a good, covee in order for the work unit to function	generally meets performance expectations ompetent manner. This is the level which
	may be a tasks or a employee	reas of performance which shou assignments, but some assignme	ld be improved. The employee may n	erformance expectations for the job yet there neet performance expectations for certain rection by the supervisor. It is only when the ce level that a rating other than
	time the	employee has been in the job	de range of performance, superviso as appropriate (i.e., employees in the to length of time and/or experience	rs <u>may</u> want to consider the length of ne same job title may be performing e on the job).
	minimally assigning and effect ratings of and the rathe receip	r acceptable level. The employer normal tasks to the employee. tive fashion. There is a need for UNSATISFACTORY are appea ating and appeals process are no of of an UNSATISFACTORY rati	e requires sugnificant extra direction, The employee cannot be relied upton immediate and significant improvement lable. Disputes concerning issues such to subject to appeal. Employees musing. Appeals forms and procedural info	tations for one or more tasks, not even at a or the supervisor finds it necessary to avoid to carry out critical assignments in a timely ent in performance. Appeal Rights: Only ch as an employee's performance program, tille an appeal within 15 calendar days of ormation are available from your personnel nated representation before the Appeals
		/IEW AND APPROVAL rating is not final until it is revi	ewed and approved.	
Approve	ed by			
		(Print or type Name)	(Signature)	(Date)
I met w discus	ith my sup sed it with		to discuss my work perfor does not necessarily signify that I a	
		Make I of the Wild Make Supple	grand a not of both trade at all 1 (a)	Aleksiau yabolitis
DDS-4 (4) Reprinte		(Signature)		(Date)