Performance Evaluation Program Administrative, Operational, Institutional Services Units, and Division of Military and Naval Affairs Unit Revised 3/09

ANNUAL PERFORMANCE EVALUATION FORM

AT THE START OF THE EVALUATION PERIOD

INSTRUCTIONS TO SUPERVISORS AT THE MIDPOINT OF THE

EVALUATION PERIOD

Complete Section 3

AT THE END OF THE EVALUATION PERIOD Complete Sections 2B. 4. 5 & 0

Complete Sections 1 and 2a Complet	e Section 3 Complete Sections 2B, 4, 5 & 6
SECTION 1 - EMPLOYEE IDENTIFICATION - Enter the Following I	Information:
Employee's Name:	Agency/Facility:DMNA
Division/Section:	
Title:	Salary/Grade: Item No.;
Evaluation Period From:	To:
Employee's Negotiating Unit: Administrative Svc Insti	tutional Svcs Operational Svcs X 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 and/or quantity where possible.	SECTION 2B - PERFORMANCE APPRAISAL Describe the employee's performance in accomplishing the tasks specified in Section 2A. Explain how the employee's performance met, exceeded or failed to meet your expectations.
I received a copy of this performance program on(Date)	<u> </u>
Employee:(Initials)	h t - if m m - i)
SECTION 3 - SIX MONTH RECERTIFICATION (OPTIONAL)	heets, if necessary)
We met within one month before or after the approximate mic performance, and to reaffirm or revise the performance progrand revisions are attached). If a rating were assigned today if	am (if revised, changes have been reviewed and approved, based upon service to date, I would propose that it be
Satisfactory Unsatisfactory (check one). This is not	t a rating; therefore, it is not appealable.
Supervisor(Signature)	(Date)
Employee	,
(Signature)	(Date

SECTION 4 - S	SUPERVISOR'S COMMENTS			
patterns) which	ther aspects of the employee's performance (so have affected the employee's performance or an be improved.			
Prepared by	(Print or Type Name)	(Signature)	(Date)	
050510115		(Cignataro)	(Buto)	
	PERFORMANCE RATING g which best summarizes the employee's perfold justification.	ormance. A rating of "Unsatisfactory" must be	supported by specific	
the expect performar	CTORY: This is a broad category which cover ted and usual level of performance. The empl nce program for all tasks and performs in a goo mployee in order for the work unit to function e	loyee generally meets performance expectation od, competent manner. This is the level which	ns as specified in the	
areas of p assignme	oyee's performance may also be characterized performance which should be improved. The ents, but some assignments may require extrainance clearly shows that it is below the expected and.	employee may meet performance expectations follow-up and direction by the supervisor. It is	for certain tasks or only when the employee's	
employee	ecause this rating covers a wide range of pe e has been in the job as appropriate (i.e. em levels due to length of time and/or experier	ployees in the same job title may be perform		
minimally assigning effective f UNSATIS and appe UNSATIS	UNSATISFACTORY: The employee clearly does not meet performance expectations for one or more tasks, not even at a minimally acceptable level. The employee requires significant extra direction, or the supervisor finds it necessary to avoid assigning normal tasks to the employee. The employee cannot be relied upon to carry out critical assignments in a timely and effective fashion. There is a need for immediate and significant improvement in performance. Appeal Rights: Only ratings of UNSATISFACTORY are appealable. Disputes concerning issues such as an employee's performance program, and the rating and appeals process are not subject to appeal. Employees must file an appeal within 15 calendar days of the receipt of an UNSATISFACTORY rating. Appeals forms and procedural information are available from your Personnel Office. Employees have the right to a personal appearance and to CSEA-designated representation before the Appeals Board.			
	REVIEW AND APPROVAL 's rating is not final until it is reviewed and	approved.		
Approved by _	(Drint on Turne Norse)	(Ciamatura)	(Data)	
OFOTION 7 F	(Print or Type Name)	(Signature)	(Date)	
	MPLOYEE COMMENTS supervisor on to divith my supervisor. My signature does not i	scuss my work performance. I have read t necessarily signify that I agree with this ev	his evaluation and aluation.	
My written com	ments concerning this evaluation follow (option	nal)		
	(Signature)	(Date)		