

**INSTRUCTIONS TO SUPERVISORS**

**AT THE START OF THE  
EVALUATION PERIOD**  
Complete Sections 1 and 2A

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

**AT THE END OF THE  
EVALUATION PERIOD**  
Complete Sections 2B, 4, 5 and 6

**SECTION 1 – EMPLOYEE IDENTIFICATION**  
Enter the following information.

Employee's Name \_\_\_\_\_ Agency/Facility \_\_\_\_\_  
Division/Section \_\_\_\_\_  
Title \_\_\_\_\_ Salary Grade \_\_\_\_\_ Item Number \_\_\_\_\_  
Evaluation Period From: \_\_\_\_\_ To: \_\_\_\_\_  
Employee'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 and/or quantity where possible.

- 1.
- 2.
- 3.
- 4.
- 5.

**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.

- 1.
- 2.
- 3.
- 4.
- 5.

I received a copy of this performance program on \_\_\_\_\_ (Date)

Employee: \_\_\_\_\_ (Initials)

(Attach additional sheets, if necessary)

**SECTION 3 – SIX-MONTH RECERTIFICATION (OPTIONAL)**

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) \_\_\_\_\_ (Date)

Employee \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

**SECTION 4 – SUPERVISOR’S COMMENTS**

Comment on other aspects of the employee’s performance (such as skills, behaviors, personal characteristics and time and attendance patterns) which have affected the employee’s performance or the performance of other employees. Suggest ways in which performance can be improved.

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Prepared by \_\_\_\_\_ (Print or Type Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

**SECTION 5 – PERFORMANCE RATING**

Check the rating that best summarizes the employee’s performance. A rating of “Unsatisfactory” must be supported by specific explanation and justification.

**SATISFACTORY:** This is a broad category that covers a wide range of employees, all of whom are performing acceptably. It is the expected and usual level of performance. The employee generally meets performance expectations as specified in the performance program for all tasks and performs in good, competent manner. This is the level that can minimally be expected from an employee in order for the work unit to function effectively.

The employee’s performance may also be characterized as meeting minimal performance expectations for the job yet there may be areas of performance that should be improved. The employee may meet performance expectations for certain tasks or assignments, but some assignments may require extra follow-up and direction by the supervisor. It is only when the employee’s performance clearly shows that it is below the expected performance level that a rating other than “Satisfactory” should be considered.

**Note:** Because this rating covers a wide range of performance, supervisors may want to consider the length of time the employee has been in the job as appropriate (i.e., employees in the same job title may be performing satisfactorily but at different levels due to length of time and/or experience on the job).

**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.

**SECTION 6 – REVIEW AND APPROVAL**

The employee’s rating is not final until it is reviewed and approved.

Approved by \_\_\_\_\_ (Print or Type Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

**SECTION 7 – EMPLOYEE COMMENTS**

I met with my supervisor on \_\_\_\_\_ to discuss my work performance. I have read this evaluation and discussed it with my supervisor. My signature does not necessarily signify that I agree with this evaluation.

My written comments concerning this evaluation follow (optional):

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(Signature)

(Date)