

2. KEY JOB AREA/GOAL:

STANDARDS: (Must be objective, attainable, and measurable)

RESULTS/EVALUATION:

SECTION 2 RATING: High 5 4 3 2 1 Low

3. KEY JOB AREA/GOAL:

STANDARDS: (Must be objective, attainable, and measurable)

RESULTS/EVALUATION:

SECTION 3 RATING: High 5 4 3 2 1 Low

4. KEY JOB AREA/GOAL:

STANDARDS: (Must be objective, attainable, and measurable)

RESULTS/EVALUATION:

SECTION 4 RATING: High 5 4 3 2 1 Low

AFFIRMATIVE ACTION REPORT: (For Managers and Supervisors – Re: P&P No. 3.130 (III)(A)(5) for standards)

AFFIRMATIVE ACTION RATING: High 5 4 3 2 1 Low

DEPARTMENT PERFORMANCE EXPECTATIONS

(See P&P Bulletin No.3.130 for examples of the following six expectations)	Exceeds Expectations: the employee excels at incorporating all desired expectations into individual performance.	Meets Expectations: the employee generally meets the expectations throughout individual performance.	Does Not Meet Expectations: the employee consistently does not meet expectations. A plan for improvement is necessary.
Accountability			
Communication			
Customer Service			
Diversity			
Innovation and Excellence			
Leadership and Teamwork			

OVERALL EMPLOYEE EVALUATION

Rate the employee's overall performance based on the Key Job Areas/Goals and Department Performance Expectations.

High 5 4 3 2 1 Low

SUMMARIZE EMPLOYEE'S OVERALL JOB PERFORMANCE. Identify exceptional skills, abilities and knowledge which contribute to the employee's performance rating. Also, indicate plans for training, new assignments, schools, special conferences, etc., which will improve future results.

NOTE: The above performance results have been discussed. The employee's signature does not necessarily indicate agreement, but that he/she has had an opportunity to read this evaluation and provide comments. In addition, the employee's position description has been reviewed to ensure accuracy and modified, if necessary, to reflect accurate assignment of duties.

Employee's Comments (if any – additional pages may be attached):

Employee's Signature and Date:

Evaluator's Signature and Date:

2d Line Supervisor's Signature and Date:

DISTRIBUTION: 1 copy to Employee, 1 copy to Supervisor, original to DMA State Human Resources Office.