



DEPARTMENT OF FINANCE AND ADMINISTRATION

Office of Personnel Management

# DFA Employee Performance Evaluation Form

## PART I – RATED EMPLOYEE IDENTIFICATION

Name of Employee <i>(Last, First, MI)</i>	Personnel Number	Agency Number
Position Title	Class Code	Position Number

## PART II – RATER EMPLOYEE IDENTIFICATION

Name of Rater <i>(Last, First, MI)</i>	Phone Number	Position Title
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## PART III - RATING OFFICIAL EMPLOYEE IDENTIFICATION

Name of Reviewing Official <i>(Last, First, MI)</i>	Phone Number	Position Title
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## PART IV – PERFORMANCE STANDARDS

<b>Relative Importance:</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Duty Area
Standard
Method of Monitoring
Results
Comments
<b>Performance Rating:</b> <input type="checkbox"/> Exceeds Standards <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

**PART IV – PERFORMANCE STANDARDS AGREEMENT**

I have reviewed the performance standards and understand that my performance will be measured against them.

Employee's Signature	Date
Rater's Signature	Date
Reviewing Official's Signature	Date

**PART V – OVERALL RATING**

**Overall Rating:**

It is understood that an Unsatisfactory in any of the above fields precludes awarding an Exceeds Standard or Above Average rating during the rating period. The overall rating received is determined at the discretion of the rater.

Exceeds Standards     Above Average     Satisfactory     Unsatisfactory

Rating Period Beginning Date	Rating Period Ending Date
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By signing below, the employee concurs that the performance evaluation has been conducted. The employee's signature does not indicate that he or she agrees with the evaluation. Comments concerning performance may be submitted on a separate sheet. The employee has five working days from date the Performance Evaluation is conducted to begin the Merit Appeals process as stated in the Merit Pay Manual.

The Employee  Has  Has Not received a written or greater conduct related reprimand during the rating period.

Employee's Signature	Date
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I certify that the employee rated above has completed all subordinate performance evaluations due (if any) and all have been forwarded to the reviewing official.

Rater's Signature	Date
Reviewing Official's Signature	Date