DEPARTMENT OF FINANCE AND ADMINISTRATION

Office of Personnel Management

DFA Employee Performance Evaluation Form

PART I – RATED EMPLOYEE IDENTIFICATION		
Name of Employee *(Last, First, MI)*	Personnel Number	Agency Number
Position Title	Class Code	Position Number
PART II – RATER EMPLOYEE IDENTIFICATION		
Name of Rater *(Last, First, MI)*	Phone Number	Position Title
PART III - RATING OFFICIAL EMPLOYEE INDENTIFICATION		
Name of Reviewing Official *(Last, First, MI)*	Phone Number	Position Title

PART IV – PERFORMANCE STANDARDS				
Relative Importance:	☐ **A**	☐ **B**	☐ **C**	
Duty Area				
Standard				
Method of Monitoring				
Results				
Comments				
Performance Rating:	☐ **Exceeds Standards**	☐ **Above Average**	☐ **Satisfactory**	☐ **Unsatisfactory**
Relative Importance:	☐ **A**	☐ **B**	☐ **C**	
Duty Area				
Standard				
Method of Monitoring				
Results				
Comments				
Performance Rating:	☐ **Exceeds Standards**	☐ **Above Average**	☐ **Satisfactory**	☐ **Unsatisfactory**
Relative Importance:	☐ **A**	☐ **B**	☐ **C**	
Duty Area				

Standard	
Method of Monitoring	
Results	
Comments	
Performance Rating: ☐ **Exceeds Standards** ☐ **Above Average** ☐ **Satisfactory** ☐ **Unsatisfactory**	
Relative Importance: ☐ **A** ☐ **B** ☐ **C**	
Duty Area	
Standard	
Method of Monitoring	
Results	
Comments	
Performance Rating: ☐ **Exceeds Standards** ☐ **Above Average** ☐ **Satisfactory** ☐ **Unsatisfactory**	
Relative Importance: ☐ **A** ☐ **B** ☐ **C**	
Duty Area	
Standard	
Method of Monitoring	
Results	
Comments	
Performance Rating: ☐ **Exceeds Standards** ☐ **Above Average** ☐ **Satisfactory** ☐ **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

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

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