

Ratee Name:	SSN:	Title:	Unit/Location:
Rater Name:		Title:	Unit/Location:

Major Goals of the Unit/Work Group

Major Goals of the Ratee

Rater Instructions: The Individual Job Responsibilities should be statements of broad, general duties that must be accomplished to achieve the unit’s purpose or objective. Additional Individual Job Responsibilities may be added, if applicable.

Note: To obtain an overall interim/final percentage, divide the number of PASSING Individual Job Responsibilities and Universal Performance Factors by the TOTAL NUMBER of Individual Job Responsibilities and Universal Performance Factors. **The Ratee must PASS 70% of all Individual Job Responsibilities and Universal Performance Factors in order to achieve a Satisfactory rating.**

Job Expectations and Evaluation

Individual Job Responsibilities	Standards for Satisfactory Performance Statement of conditions that exist when a job has been completed at the satisfactory level.	Interim		Final	
		Pass	Fail	Pass	Fail
1.					
2.					
3.					
4.					
5.					

Universal Performance Factors	Examples of Satisfactory Performance	Interim		Final	
		Pass	Fail	Pass	Fail
<i>Communication</i> Effective expression of ideas, concepts or directions in individual or group situations.	Successfully communicated ideas, thoughts or directions. Asked appropriate questions and involved the listener. Sought clarification and affirmed understanding in verbal exchanges. If communication is written, thoughts are expressed with appropriate grammar, organization, and structure.				
<i>Customer Service</i> Identifies and meets customer (internal and external) needs.	Accurately assessed customer needs; provided necessary or requested service within acceptable timeframes requiring minimal corrections or revisions; sought customer feedback, and expression of satisfaction with work product. Occasionally sought alternative solutions.				

Ratee Name:	SSN:	Title:	Unit/Location:
Rater Name:		Title:	Unit/Location:

Universal Performance Factors	Examples of Satisfactory Performance	Interim		Final	
		Pass	Fail	Pass	Fail
<i>Job Knowledge/Skills</i> Employee knows the details of the job, understands the job, and applies necessary knowledge and skills.	Effectively demonstrated job knowledge and ability to answer queries. Knowledge and skills contributed to the work of the unit.				
<i>Problem Solving</i> Performed as a problem solver. Exhibited a logical approach to problem solving	Identifies and analyzes problems; finds alternative solutions to problems; knows difference between relevant and irrelevant information. Considers risks and benefits in reviewing alternatives.				
<i>Teamwork</i> Works collaboratively in a group as a team member to accomplish stated goals.	Supported the team in meeting objectives. Accomplished work assignments in support of team objectives. Cooperated with and contributed to help meet established team results.				
<i>Organizational Citizenship</i> Extent to which employee contributes to a productive and harmonious working environment by acting in a respectful manner towards people in the workplace.	Recognizes ethnic, cultural, religious, physical, gender and other individual differences. Treats fellow workers with respect. Keeps an open line of communication. Willingly cooperates with others who hold different views in order to complete the task/job at hand. Employee understands his/her part in shaping the environment.				
<i>Workplace Safety</i> Ensures Safety by maintaining a safe and secure work environment for self and others in the performance of the job functions and the delivery of service.	Took specific steps to demonstrate safe work practices. Anticipated potential safety issues and took action to alleviate them before a problem occurred. Observed appropriate safety standards and minimized exposure to unsafe conditions for self and others. Regularly demonstrated compliance with safety requirements and recommended measures to enhance safety whenever possible. Set an example in demonstrating safety requirement.				

Ratee Name:	SSN:	Title:	Unit/Location:
Rater Name:		Title:	Unit/Location:

RATEE

I have reviewed and received a copy of this package and have had a face-to-face meeting with my supervisor on ___/___/___ (**Date**) to discuss the Major Goals of the Unit/Ratee, Individual Job Responsibilities, Standards for Satisfactory Performance, and Universal Performance Factors on which I will be rated. My signature indicates that I have been advised of these PES elements.

Ratee Signature _____ Date ___/___/___

I Agree Disagree with the elements of this PES.

Ratee Signature _____ Date ___/___/___

RATER

My signature indicates that I have reviewed these PES elements with the Ratee and provided a copy of this document.

Rater Signature _____ Print Rater Name _____ Date ___/___/___

REVIEWER

My signature indicates that I have conducted a quality review of this package.

Reviewer Signature _____ Print Reviewer Name _____ Date ___/___/___

Ratee Name:	SSN:	Title:	Unit/Location:
Rater Name:		Title:	Unit/Location:

Significant Events:

Agree Disagree _____ Initials _____ Date

Agree Disagree _____ Initials _____ Date

Justification for Interim Evaluation:

Agree Disagree _____ Initials

Specific Areas Identified for Development:

Agree Disagree _____ Initials

Ratee Comments:



Interim Evaluation Rating

Satisfactory
Unsatisfactory

Ratee Name:	SSN:	Title:	Unit/Location:
Rater Name:		Title:	Unit/Location:

RATEE

I have reviewed and **received** a copy of this package and have had a face-to-face meeting with my supervisor on ___/___/___ (**Date**) to discuss the Interim Rating, Significant Events, Justification, and Development Plan. My signature indicates that I have been advised of my Interim Rating.

I Agree Disagree with the Interim Rating.

Ratee Signature _____ Date ___/___/___

RATER

My signature indicates that I have noted the Ratee's positions and have provided a copy of this document.

Rater Signature _____ Print Rater Name _____ Date ___/___/___

REVIEWER

My signature indicates that I have conducted a quality review of the Interim Rating, Justification, and Development Plan.

Reviewer Signature _____ Print Reviewer Name _____ Date ___/___/___

Ratee Name:	SSN:	Title:	Unit/Location:
Rater Name:		Title:	Unit/Location:

Significant Events:

Agree Disagree _____ Initials _____ Date

Agree Disagree _____ Initials _____ Date

Justification for Final Evaluation:

Agree Disagree _____ Initials

Specific Areas Identified for Development:

Agree Disagree _____ Initials

Ratee Comments:



Final Evaluation Rating

Satisfactory
Unsatisfactory

Ratee Name:	SSN:	Title:	Unit/Location:
Rater Name:		Title:	Unit/Location:

RATEE

I have reviewed and received a copy of this package and have had a face-to-face meeting with my supervisor on ___/___/___ (*Date*) to discuss the Final Rating, Significant Events, Justification, and Development Plan. My signature indicates that I have been advised of my Final Rating.

I Agree Disagree with the Final Rating.

Ratee Signature _____ Date ___/___/___

RATER

My signature indicates that I have noted the Ratee's positions and have provided a copy of this document.

Rater Signature _____ Print Rater Name _____ Date ___/___/___

REVIEWER

My signature indicates that I have conducted a quality review of the Final Rating, Justification, and Development Plan.

Reviewer Signature _____ Print Reviewer Name _____ Date ___/___/___