

Agency \_\_\_\_\_

**SECTION 1 - EMPLOYEE IDENTIFICATION**

Employee's Name \_\_\_\_\_

Division/Facility \_\_\_\_\_

Social Security Number \_\_\_\_\_

Department \_\_\_\_\_

Title \_\_\_\_\_

Salary Grade \_\_\_\_\_ Item Number \_\_\_\_\_

Supervisor/Rater \_\_\_\_\_

Title \_\_\_\_\_

Reviewer \_\_\_\_\_

Title \_\_\_\_\_

Evaluation Period From: \_\_\_\_\_ To \_\_\_\_\_  
(mo./day/year) (mo./day/year)

**SECTION 2 - PERFORMANCE PROGRAM**

**A. TASKS/OBJECTIVES:** List the major tasks, assignments, activities, and results to be achieved during the evaluation period.

**B. PERFORMANCE STANDARDS:** List observable criteria for determining if objectives/tasks are fully met/performed. Criteria should be quantitative whenever possible.

1.

1.

2.

2.

3.

3.

4.

4.

5.

5.

6.

6.

7.

7.

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
(Reviewer)

**SECTION 3 - CERTIFICATION**

We have met to discuss the objectives, tasks, assignments and activities indicated above. This performance program is the basis upon which job performance will be appraised and rated on the annual rating date. The employee has had an opportunity to submit proposed tasks and standards for consideration in the performance program.

Supervisor \_\_\_\_\_  
(Signature) (Date)

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

\_\_\_\_\_ I have attached written comments concerning the performance program (Optional on the part of the employee.)

**SECTION 4 - SIX-MONTH RECERTIFICATION**

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 (check one) .

\_\_\_\_\_ Satisfactory \_\_\_\_\_ Unsatisfactory This is not a rating; therefore, it is not appealable.

Supervisor \_\_\_\_\_  
(Signature) (Date)

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

## INSTRUCTIONS TO SUPERVISOR

### A. At the start of the process:

1. Before beginning of the rating period, discuss prospective performance requirements with the employee, and seek the employee's input to the performance program by providing him/her with a "worksheet" and a reasonable deadline for its return to you. (Submission of a worksheet is optional on the part of the employee.)
2. Upon receipt of the employee's worksheet (or after the deadline for its return has passed), complete Section 1 - Employee Identification and Section 2 - Performance Program.
3. Submit performance program to reviewer (with employees' worksheet, if any) for approval.
4. Following approval by reviewer, notify the employee of a time for discussion of the performance program. This must occur within six weeks of the beginning of the rating period. At the appointed time, discuss performance program with employee, and complete Section 3 - Certification. Give copy to employee, retain a copy and submit original to Personnel Office.
5. If the employee wishes to attach additional written comments concerning the performance program, he/she may do so. This is also optional on the part of the employee.

### B. At the approximate midpoint of the rating period:

1. Notify the employee of the date, time, and place for the six-month conference. **(This conference should take place within one month before or after the midpoint of the rating period.)**
2. At that time, meet with the employee and discuss his/her performance to date. Discuss the employee's progress in meeting performance standards, any accomplishments or deficiencies, and any training, development, and/or performance improvement activities which might assist the employee in meeting tasks/objectives. Advise the employee of the rating you would propose, if one were due at this time. If performance is less than "Satisfactory," advise the employee what he/she must do in the time remaining in order to achieve a final rating of "Satisfactory." **Employee and supervisor must sign Section 4 - Recertification.**

Note: If there are any revisions to the performance program which need to be made at this point, first obtain the approval of the reviewer, as you did at the start of the rating period. Then meet with the employee to discuss the revisions, provide the employee with a copy and retain a copy for yourself, and send the original to your Personnel Office. **(Revised programs must show the reviewer approval by means of a signature and date.)**

Revisions can be made at any time during the evaluation period, as long as this process is followed. However, there must be a reasonable amount of time remaining in the evaluation period for the employee to perform any new tasks or meet any new objectives.

**STATE OF NEW YORK**  
Professional, Scientific & Technical Services Unit

**PERFORMANCE EVALUATION PROGRAM**  
**Part 1:** Employee Worksheet for Performance Program

**Employee's Name:**

**Title:**

**Rating Period**

**From:**

(Mo/Day/Yr)

**To:**

(Mo/Day/Yr)

**INSTRUCTIONS:** Using available materials and resources, such as job descriptions, classification standards and previous Performance and appraisals, list the major tasks, objectives, assignments, activities and results to be achieved during the rating period in Column 1. In Column 2, list the observable criteria for determining if each task/objective is fully performed & met. Criteria should be quantitative wherever possible. (Completion is optional on the part of employee.)

To be considered in the development of your performance program, this worksheet must be returned to your immediate Supervisor (rater) no later than

(Supervisor fills in date.)

**Column 1 -Tasks/Objectives**

**Column 2 - Performance Standards**

**Signature:**

**Date:**

## **Part II: Employee Worksheet for Performance Appraisal & Rating**

To be considered in the preparation of your performance appraisal, this worksheet must be returned to your immediate Supervisor (rater) no later than

(Supervisor fills in date.)

### ***Employee Comments Concerning Performance***

A. Describe accomplishments and actions completed during the rating period in terms of the tasks and objectives cited in the performance program.

B. Problems encountered, if any, during evaluation period, which affected attainment of objectives or goals.

C. Development Needs (comment on areas in which you feel you need further development).

**Signature**

**Date**

## INSTRUCTIONS TO SUPERVISOR

1. Near the end of the evaluation period, return worksheet to employ" for completion of Part 11: Employee Worksheet for Performance Appraisal and Rating. Give employee a reasonable deadline for its return to you. Completion of the worksheet is optional on the part of the employee. (At this time, you may wish to give the employee a new Part 1: Employee Worksheet for Performance Program for the next rating period, as well, a deadline for its completion: This will insure that the employee will have the opportunity for input into the new program, as well as insure that you have adequate time to prepare the new program and give R to the employee in a timely manner.
2. Upon receipt of the employee's worksheet - Part II, (or after the deadline for its return has passed) complete Sections 1, 2, and 3, and submit to reviewer with a recommended final rating. (Include employee's worksheet, Part II, if any.) Discuss evaluation and recommended rating with reviewer.
3. When reviewer approves final rating, supervisor and reviewer complete Section 4. (Rating is final only upon reviewer's approval.)
4. Following approval by reviewer, establish a time for the appraisal interview. At this time, discuss performance evaluation with employee.
5. Have employee sign and date acknowledgement in Section 5. Give copy of evaluation to employee, retain a copy, and send original to Personnel Office.
6. If employee wishes to attach written comments concerning the evaluation, he/she may do so. This is optional on the part of the employee.

**NOTE:** In completing Section 3 - Recommended Training, Development, and Performance Improvement Activities, consideration should be given, if appropriate, to such activities as in service training, part-time study, task force assignments, PUBLIC SERVICE TRAINING PROGRAM courses, assigned readings, career counseling, and participation in professional associations.

**SATISFACTORY:** This is a broad category which 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 a good competent manner. This is the level which 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 which should be improved. The employee may meet 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 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 (ie., 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 or effective fashion. There is a need for immediate and significant improvement in performance. **Appeal Rights:** Only ratings of Unsatisfactory are appealable. Disputes concerning such issues as an employee's performance program, and the rating appeals process are not subject to appeal. Employees must file an appeal within 16 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 PEF-designated representation before the Appeals Board.

**Agency :**

**SECTION I - EMPLOYEE IDENTIFICATION**

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**Employee's Name:**  
**Social Security Number:**  
**Title:**  
**Supervisor/Rater:**  
**Reviewer:**  
**Evaluation Period From:**  
**(mo/day/yr)**

**Division/Facility:**  
**Section:**  
**Salary Grade:**                      **Item Number:**  
**Title:**  
**Title:**  
**To:**  
**(mo/day/yr)**

**SECTION 2 -SUMMARY OF ACTUAL PERFORMANCE**

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Describe the employees performance in accomplishing tasks or achieving objectives specified in Part 1, Section 2A. Explain how the employee's performance has either exceeded or not met the performance standards. Be as specific and quantitative as possible.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

**(Attach additional sheets if necessary)**

**SECTION 3 - RECOMMENDED TRAINING DEVELOPMENT AND PERFORMANCE IMPROVEMENT ACTIVITIES**

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Note that in many instances, the implementation of recommended performance improvement activities may result in the assignment of more complex tasks/objectives appropriate to the employee's We. If so, the performance program should reflect these revised assignments.

**SECTION 4 - PERFORMANCE RATING**

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Check the rating which best summarizes the employee's performance, as described in Section 2. Refer to descriptions of ratings below.

**SATISFACTORY**

**UNSATISFACTORY**

**SUPERVISOR**

**SIGNATURE:**

**DATE**

**REVIEWER**

**SIGNATURE:**

**DATE**

**SECTION 5 -CERTIFICATION**

**I MET WITH MY SUPERVISOR ON \_\_\_\_\_ TO DISCUSS MY JOB PERFORMANCE. I HAVE HAD AN OPPORTUNITY TO READ THIS REPORT AND DISCUSS IT WITH MY SUPERVISOR. MY SIGNATURE DOES NOT NECESSARILY SIGNIFY AGREEMENT.**

**EMPLOYEE SIGNATURE:**

**DATE:**

**CHECK IF EMPLOYEE COMMENTS ARE ATTACHED.**

**NOTE: If the rating is Unsatisfactory and you wish to appeal, you have 15 calendar days from receipt of the rating to submit an appeal. Contact your Personnel Office for specific procedures.**