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| **SecTION 1 - GENeRAL INFORMATION** |
| 1. EMPLOYEE’S NAME - LAST, FIRST, MIDDLE | 2. DEPARTMENT, BOARD OR COMMISSION  | 3. DIVISION OR INSTITUTION |
|  |  |  |
| 4. EMPLOYEE NUMBER (LAST 4 DIGITS SSN) | 5. EMPLOYEE’S CLASSIFICATION/TITLE | 6. PAY GRADE/STEP |
|  |  |  |
| 7. PERIOD OF REPORT |  8. TYPE OF REPORT (check all that apply) |
| **TO**  | [ ]  End of Probation[ ]  Change of Rater[ ]  Annual Review[ ]  Special Merit | [ ]  Extension of Probation[ ]  Merit Increase[ ]  New Assignment[ ]  Termination |
| **SECTION 2 – JOB DESCRIPTION** Essential duties and responsibilities as identified in the functional job analysis |
|  |
| **SECTION 3 – PERFORMANCE STANDARDS and EXPECTATIONS**Objectives to be accomplished during this rating periodAll supervisory positions **must** include the following competency: Demonstrates leadership and holds employees accountable for safe work practices, fair employment practices and State and Federal AA/EEO requirements. |
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| **SECTION 4 – EMPLOYEE DEVELOPMENT PLAN**Describe specific areas of growth and the development plan for those areas |
|  |
| **ACKNOWLEDGEMENT:** A discussion of duties, responsibilities, performance standards, and expectations for the current period took place on the date below. We acknowledge our understanding of these duties, responsibilities, standards and expectations, and how they will be used to measure work-related performance during this period. |
|  |  |  |  |  |  |  |  |  |
|  | **Employee signature** |  | **Date** |  | **supervisor signature** |  | **date** |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **Supervisor Name (Print)** |  |  |  |
| **SECTION 5 – REVIEW OF EMPLOYEE PERFORMANCE EXPECTATIONS**Describe in detail the employee’s performance over the rating period, and specifically as it addresses the objectives identified in Section 3All supervisory positions **must** be evaluated on the following competency: Demonstrates leadership and holds employees accountable for safe work practices, fair employment practices and State and Federal AA/EEO requirements. |
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| **SECTION 6 – REVIEW OF EMPLOYEE DEVELOPMENT**Describe in detail the employee’s compliance with the development plan identified in Section 4 |
|  |
| **SECTION 7 – OVERALL PERFORMANCE RATING**Select the appropriate overall performance rating |
| [ ]  Outstanding [ ]  Exceed Expectations [x]  Meets Expectations [ ]  Falls Below Expectations |
| **SECTION 8 – EMPLOYEE’S COMMENTS AND SIGNATURE**Employee may comment on all or any part of the information contained in this document including the evaluation process. This may include suggestions or ideas for improvement in the unit or department. If the employee does not concur with the evaluation, this space should be used to explain reasons for the disagreement. |
|  [ ]  I **DO** concur with my supervisor’s evaluation  |  [ ]  I **DO NOT** concur with my supervisor’s evaluation. |
| Employee Comments: Employee may add comments, attach additional documents if necessary. |
|  |
| By signing below, I acknowledge that I have reviewed and discussed this performance evaluation with my supervisor and I have been given an opportunity to comment on its content. I understand my individual job responsibilities and the performance expectations and plan set forth in this review. Employees who are denied a merit increase may file an appeal with their department or agency head within ten (10) working days after notification of the denial by the appointing authority. Please contact your personnel office for a full explanation of your rights and obligations under this appeals procedure. |  |
| **EMPLOYEE SIGNATURE:** |  |  |  | **Date**: |  |  |  |
|  |
| **SECTION 9 – MANAGEMENT APPROVAL**Did the employee satisfactorily meet a sufficient majority of job expectations? If so, select box authorizing merit increase when applicable. |
| MERIT INCREASE*When merits increases are unavailable select “Not Applicable” (not yes)* | PROBATION  |
| [ ]  YES[ ]  NO[ ]  Merit Increase Not Applicable at this time | [ ]  Not Applicable[ ]  End[ ]  Extended to Date: Click here to enter extended to date. |
|  |  |  |  |  |  |  |  |  |
|  | SUPERVISOR SIGNATURE (RATER): | DATE: |
|  | SUPERVISOR NAME (PRINT) |  |  |  |
|  |   |  |  |  | DATE: |  |  |  |
|  | REVIEWER SIGNATURE: |
|  |  |  |  |  | DATE: |  |  |  |
| AGENCY HEAD SIGNATURE (APPOINTTING AUTHORITY): |
|  |
| **SECTION 10 – PERIODIC REVIEW (This can be initiated by either the employee or the supervisor)**The employee and supervisor may meet AS NECESSARY to review progress toward or changes to previously established expectations. Use the space below to document the meeting. The employee and supervisor should date and initial the document at the time of each review. Use additional sheets if necessary. |
|  | **Date:** |  |  | **Employee Initials:** |  |  |  | **Supervisor Initials:** |  |  |  |
|  | **Date:** |  |  | **Employee Initials:** |  |  |  | **Supervisor Initials:** |  |  |  |
|  | **Date:** |  |  | **Employee Initials:** |  |  |  | **Supervisor Initials:** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

Instructions for completing this form are available on the Bureau of Human Resources’ website: <https://www.maine.gov/bhr/state-hr-professionals/Performance-Management-Forms>