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| **SECTION 1 - GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. EMPLOYEE’S NAME - LAST, FIRST, MIDDLE | | | | | | | | | | 2. DEPARTMENT, BOARD OR COMMISSION | | | | | | | | | | | 3. DIVISION OR INSTITUTION | | | | | | | | | | | | | | | | | | | | |
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| 4. EMPLOYEE NUMBER (LAST 4 DIGITS SSN) | | | | | | | | | | 5. EMPLOYEE’S CLASSIFICATION/TITLE | | | | | | | | | | | | | | | | | | 6. PAY GRADE/STEP | | | | | | | | | | | | | |
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| 7. PERIOD OF REPORT | | | | | | | | | | 8. TYPE OF REPORT:  (check all that apply) | | | | | | | End of Probation  Change of Rater  Annual Review  Special Merit | | | | | | | | Extension of Probation  Merit Increase  New Assignment  Termination | | | | | | | | | | | | | | | | |
| **TO** | | | | | | | | | |
| **SECTION 2 – JOB DESCRIPTION**  Essential duties and responsibilities as identified in the functional job analysis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION 3 – PERFORMANCE STANDARDS and EXPECTATIONS**  Objectives to be accomplished during this rating period | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION 4 – EMPLOYEE DEVELOPMENT PLAN**  Describe specific areas of growth and the development plan for those areas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter the employee development plan, describe specific areas of growth and how the development for those areas will happen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Employee Signature | | | | | | | | |  | | Date | |  | | Supervisor Signature | | | | | | | | | | | | | | | | | | |  | | Date | |  | |
|  | |  | | | | | | | | |  | |  | |  | | Click here to type Supervisor’s Name | | | | | | | | | | | | | | | | | | |  | |  | |  | |
|  | |  | | | | | | | | |  | |  | |  | | **Supervisor Name (Print)** | | | | | | | | | | | | | | | | | | |  | |  | |  | |
| **SECTION 5 REVIEW OF EMPLOYEE PERFORMANCE**  **RATING CATEGORIES** | | | | | | | | | | | | | | | | | | **Outstanding** | | | | **Exceed Expectations** | | | | | **Meets Expectations** | | | | | | | **Falls Below Expectations** | | | | | **Not Applicable** | | |
| **Job Knowledge-**Demonstrates the appropriate level of understanding of key concepts/abilities needed to perform the specific work. The employee is expected to keep up to date on any relevant changes affecting the area of practice/job assignment. | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| **Written Communications**-Conveys information clearly, effectively and appropriately through formal and informal documents. | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| **Oral Communications-**Speaks clearly and expresses self well in groups and in one-on-one conversations. Actively listens to and conveys understanding of comments and questions of others. | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| **Quality and Thoroughness of Work**-Work consistently meets high standards and its completeness meets customer expectations. | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| **Judgment/Professionalism**-Works to build respect, excellence, and confidence when interacting with internal and external customers. Brings integrity to interactions and processes; contributes to the improved image of State Government. | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| **Effective & Efficient Productivity**-Produces at or above expected levels with a high degree of accuracy and timeliness. Sets priorities and allocates time in order to meet deadlines. | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| **Problem Solving**-Shares information and involves appropriate people in decision making process. Makes timely, logical decisions. Decisions are modified based on new information when appropriate. Takes responsibility for decisions, identification of problems & resolution. | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| **Initiative**-Displays a high level of commitment to performing the work with little outside direction or involvement; sees what needs to be done and does it. | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| **Customer Service**-Seeks feedback from internal and external customers. Anticipates customer needs and provides quality services to customers. Continuously searches for ways to increase customer satisfaction**.** | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| **Adaptability**-Is willing to adjust to multiple demands, shift priorities, accepts ambiguity and rapid changes. Shows resilience in the face of constraints, frustrations or adversity. Demonstrates flexibility. | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| **Reliability**-Has the ability to maintain consistency in performance during routine or typical circumstances**.** | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| **Interpersonal Skills**-Shows respect and tolerance for each person. Relates well to others, possesses good listening skills, and demonstrates trust, sensitivity and mutual respect. Recognizes the contributions diversity brings to job performance and creativity. | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| **Teamwork**-Works well with others in order to meet organizational goals. Fosters collaboration among the differing views of team members and among teams. | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| **REVIEW OF EMPLOYEE PERFORMANCE EXPECTATIONS/RATING COMMENTS**  This section is used to expand on any of the rating categories above or add additional performance review information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **RATING CATEGORIES FOR EMPLOYEES WHO ARE SUPERVISORS**  (Leave blank if the employee does not have direct reports) | | | | | | | | | | | | | | | | | | **Outstanding** | | | | **Exceed Expectations** | | | | | **Meets Expectations** | | | | | | | **Falls Below Expectations** | | | | | **Not Applicable** | | |
| **Timely Performance Evaluations**-Completes staff evaluations in a timely manner. | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| **Delegation/Follow-up**-Assigns responsibility to empower others. Coordinates work efforts when necessary. Ensures expectations are being met by exercising managerial accountability. | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| **Staffing-** Forms the right structures and teams. Demonstrates leadership and holds employees accountable for safe work practices, fair employment practices and State and Federal AA/EEO requirements. | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| **Coaching & Counseling**-Provides timely and specific feedback plus helpful coaching and guidance. Adapts approach to each individual. | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| **Employee Development-**Collaboratively determines what else the employee needs to develop within the current job and to expand into future opportunities. | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| **Quality Focus**-Emphasize the need to deliver exceptional service. Defines standards for quality and evaluates processes and service against those standards. | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| **Planning & Organizing**-Develops short and long range plans that are appropriately comprehensive, realistic, and effective in meeting goals. Integrates planning efforts across work units; handles multiple demands and competing priorities; and manages meetings effectively. | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| **Comments** *(Adding comments reinforces performance expectations and presents coaching opportunities)***:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION 7 – OVERALL RATING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use the same performance rating factors listed in section 5 to select overall rating. | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | |
| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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**: | | | | | |  | |  | | |  | |
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| **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. | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | SUPERVISOR SIGNATURE (RATER): | | | | | | | DATE: | | | | | |
|  | SUPERVISOR NAME (PRINT): | | | | | | |  |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  |  | | | | | | | | | | | | | |  | DATE: | | | | | |  | |  | | | | | | | | |  |
|  | REVIEWER SIGNATURE: | | | | | | |
|  |  | | | | | | |  |  | | | | | | | | | | | | | |  | DATE: | | | | | |  | |  | | | | | | | | |  |
| AGENCY HEAD SIGNATURE (APPOINTING 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:** | | | | | | | | | | |  | |  | | | | | | |  | |
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INSTRUCTIONS FOR COMPLETING THIS FORM ARE AVAILABLE ON THE BHR WEBSITE: <http://www.maine.gov/bhr/bhrforms/PerformanceManagement.htm>