

**PART A ■ PERFORMANCE PLAN**

EMPLOYEE NAME (AS IT APPEARS ON PAYROLL)	RATER
EMPLOYEE TITLE	TITLE
EMPLOYEE IDENTIFICATION NUMBER (EIN)	DEPARTMENT

Performance Management Cycle / Effective Dates (min. 90 calendar days) From (mm/yy) To (mm/yy)

**PROGRESS REVIEW DISCUSSION (MINIMUM ONE PER CYCLE - RECOMMENDED QUARTERLY)**

Anticipated Progress Review Discussion date(s) (mm/yy) (mm/yy) (mm/yy) (mm/yy)

Actual Progress Review Discussion date(s) (mo/day/yr) (mo/day/yr) (mo/day/yr) (mo/day/yr)

**Performance Plan ■ Section 1: Development Opportunities**

*LIST TARGETED TRAINING & DEVELOPMENT GOALS FOR THIS PERFORMANCE MANAGEMENT CYCLE OR INDICATE "NONE".*

AREA(S) OF DEVELOPMENT	METHOD OF DEVELOPMENT	DESIRED OUTCOME

**Performance Plan ■ Section 2: Performance Improvements**

*LIST AREAS IDENTIFIED IN THE PREVIOUS CYCLE THAT REQUIRE IMPROVEMENT, OR INDICATE "NONE".*

AREA(S) REQUIRING IMPROVEMENT	EXPECTATIONS	TIMELINE

**Performance Plan ■ Section 3: Organizational Conduct**

**Attendance and Punctuality** (the degree to which the employee can be depended upon to be available for work and to fulfill position responsibilities)

- ▶ Time off is requested and/or scheduled in advance
- ▶ Work is begun on time
- ▶ Partial and full day absences follow guidelines
- ▶ Job duties are covered while on annual leave (unless concurrent with an approved leave of absence)

**Interactions with Others** (the extent to which the employee shows understanding and sensitivity to the needs and problems of others internal to the organization or doing business with the County, such as contractors, consultants, etc.)

- ▶ Working relationships are effective
- ▶ Positive image of self and others is displayed
- ▶ Respectful and cooperative demeanor is observed

**Work Habits** (the manner in which the employee conducts himself or herself in the work environment)

- ▶ Applicable laws, rules, policies and directives are observed
- ▶ Safety standards and procedures are followed
- ▶ County equipment is properly used and maintained

*INCLUDE A MINIMUM OF THREE / MAXIMUM OF FIVE DIMENSIONS FOR THIS PERFORMANCE MANAGEMENT CYCLE*


SAMPLE

Performance Plans must not be retroactive, therefore the month / year following the Rater's and Employee's signatures below must match the beginning month / year of the Performance Management Cycle effective dates.

Rater: I met with the employee and discussed this Performance Plan.

\_\_\_\_\_  
*Rater's Signature (Signs first, immediately after discussing plan with employee)*

\_\_\_\_\_  
*Date (mo/day/yr plan discussed with employee)*

Employee: I was given the opportunity to discuss the content of this Performance Plan with my Rater. I understand that I will receive an appraisal at the end of this appraisal cycle.

\_\_\_\_\_  
*Employee's Signature (Signs second, immediately after discussing plan with Rater)*

\_\_\_\_\_  
*Date (mo/day/yr plan discussed with Rater)*

Reviewer: I concur with the content of this Performance Plan.

\_\_\_\_\_  
*Reviewer's Signature (Final approval - signs last, after Employee/Rater meet and sign)*

\_\_\_\_\_  
*Date (mo/day/yr)*

*A copy of the issued and Reviewer-signed Performance Plan is given to the employee. The original is maintained in the department personnel file. Please do not send a copy of the Performance Plan to Human Resources.*

**To print Performance Plan only: print pages 1-3 (please consider the environment and print double-sided)**

SAMPLE

*This page intentionally left blank*

**Performance Management - APPENDIX A ❖ For Appraising Non-supervisory Employees**

**PART B ● PERFORMANCE APPRAISAL**

<b>EMPLOYEE NAME</b> <i>(AS IT APPEARS ON PAYROLL)</i>	<b>RATER</b>
<b>EMPLOYEE TITLE</b>	<b>TITLE</b>
<b>EMPLOYEE IDENTIFICATION NUMBER (EIN)</b>	<b>DEPARTMENT</b>

Performance Management Cycle / Effective Dates      ▶      ▶      *From (mm/yy)*      *To (mm/yy)*  
*(Min 90 calendar days / max approx. 1 yr)*

Type:      Actual Date Appraisal Issued to Employee: \_\_\_\_\_  
*(mo/day/yr)*

**Performance Appraisal ● Section 1: Development Opportunities**

*TARGETED TRAINING AND DEVELOPMENT GOALS FOR THIS PERFORMANCE MANAGEMENT CYCLE, IF ANY.*

AREA(S) OF DEVELOPMENT	METHOD OF DEVELOPMENT	DESIRED OUTCOME

*RATER'S COMMENTS (TO BE COMPLETED AS PART OF APPRAISAL)*

**Performance Appraisal ● Section 2: Performance Improvements**

*AREAS IDENTIFIED IN THE PREVIOUS CYCLE THAT REQUIRE IMPROVEMENT, IF ANY.*

AREA(S) REQUIRING IMPROVEMENT	EXPECTATIONS	TIMELINE

*RATER'S COMMENTS (TO BE COMPLETED AS PART OF APPRAISAL)*

**Performance Management - APPENDIX A ❖ For Appraising Non-supervisory Employees**

Performance Appraisal ● Section 3: Organizational Conduct		RATING	
<p><b>Attendance and Punctuality</b> <i>(the degree to which the employee can be depended upon to be available for work and to fulfill position responsibilities)</i></p> <ul style="list-style-type: none"> <li>▶ Time off is requested and/or scheduled in advance</li> <li>▶ Work is begun on time</li> <li>▶ Partial and full day absences follow guidelines</li> <li>▶ Job duties are covered while on annual leave (unless concurrent with an approved leave of absence)</li> </ul>		SURPASSES	
		SUCCESSFUL	
		INCONSISTENT	
		UNACCEPTABLE	
<p><b>Interactions with Others</b> <i>(the extent to which the employee shows understanding &amp; sensitivity to the needs and problems of others internal to the organization or doing business with the County, i.e., contractors, consultants, etc.)</i></p> <ul style="list-style-type: none"> <li>▶ Working relationships are effective</li> <li>▶ Positive image of self and others is displayed</li> <li>▶ Respectful and cooperative demeanor is observed</li> </ul>		SURPASSES	
		SUCCESSFUL	
		INCONSISTENT	
		UNACCEPTABLE	
<p><b>Work Habits</b> <i>(the manner in which the employee conducts him or herself in the work environment)</i></p> <ul style="list-style-type: none"> <li>▶ Applicable laws, rules, policies and directives are observed</li> <li>▶ Safety standards and procedures are followed</li> <li>▶ County equipment is properly used and maintained</li> </ul>		SURPASSES	
		SUCCESSFUL	
		INCONSISTENT	
		UNACCEPTABLE	
<p><b>CATEGORY NARRATIVE</b> <i>(REFLECTS AN OVERVIEW OF PERFORMANCE CATEGORY RATINGS FOR SECTION 3)</i></p>			
Performance Appraisal ● Section 4: Customized Performance Dimensions		RATING	
<i>PLEASE RATE THIS EMPLOYEE FOR EACH DIMENSION LISTED</i>			
		SURPASSES	
		SUCCESSFUL	
		INCONSISTENT	
		UNACCEPTABLE	

**Performance Management - APPENDIX A ❖ For Appraising Non-supervisory Employees**

Performance Appraisal ● Section 4: Customized Performance Dimensions (cont'd)	RATING	
		SURPASSES
		SUCCESSFUL
		INCONSISTENT
		UNACCEPTABLE
		SURPASSES
		SUCCESSFUL
		INCONSISTENT
		UNACCEPTABLE
		SURPASSES
		SUCCESSFUL
		INCONSISTENT
		UNACCEPTABLE
		SURPASSES
		SUCCESSFUL
		INCONSISTENT
		UNACCEPTABLE
<p><i>CATEGORY NARRATIVE (REFLECTS AN OVERVIEW OF PERFORMANCE CATEGORY RATINGS FOR SECTION 4)</i></p>		

SAMPLE

**Performance Management - APPENDIX A ❖ For Appraising Non-supervisory Employees**

**Performance Appraisal ● Section 5: Signatures**

Rater: I conducted at least one progress review discussion with the employee during the Performance Management Cycle. I also discussed the performance appraisal ratings with the employee and, if needed, explained job expectations, areas needing clarification, or performance issues requiring improvement.

\_\_\_\_\_  
*Rater's Signature (Signs first, immediately after discussing appraisal with employee)*

\_\_\_\_\_  
*Date (mo/day/yr appraisal discussed with employee)*

*RATER'S COMMENTS (OPTIONAL):*

Employee: I was given the opportunity to discuss the content of this appraisal with my Rater. I understand that I may:

- Respond to the appraisal in the space provided below or submit a single-sided legibly typewritten (minimum 10 pt font) or legibly handwritten response within five calendar days (following receipt of my appraisal) and/or
- Submit a request for reconsideration of ratings to my Appointing Authority or Designee with my written response within five calendar days (following receipt of my appraisal).

I also understand the completed appraisal will be forwarded to Human Resources for inclusion in my official personnel file.

\_\_\_\_\_  
*Employee's Signature (Signs second, immediately following appraisal discussion with Rater or may sign and submit within five calendar days)*

\_\_\_\_\_  
*Date (mo/day/yr - within five calendar days of appraisal discussion with Rater)*

*EMPLOYEE'S COMMENTS (OPTIONAL)*

- ◆ **It is advisable to wait for the employee response period (five calendar days) to elapse before submitting the appraisal to the Reviewer for final approval.**
- ◆ **The optional employee response is the only appraisal attachment permitted.**

Reviewer: I have reviewed and concur with the Rater's appraisal ratings and narratives.

\_\_\_\_\_  
*Reviewer's Signature (Final approval - signs last, after Employee/Rater meet and sign)*

\_\_\_\_\_  
*Date (mo/day/yr)*

**To print Appraisal only: print pages 5-8 (please consider the environment and print double-sided)**

**Original - Human Resources (Part B: Performance Appraisal only)**

**Copies - Department Personnel File & Employee**