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Description automatically generated**CONTINUOUS PERFORMANCE MANAGEMENT (CPM)**

**EVALUATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Information** | Employee Name: |  | Performance Evaluation Year: |
| Employee Personnel #: |  |
| Employee Job Title: |  |  |
| Dept/Office/Section/Unit: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Evaluation Session** | | | | | | |
| **2nd Level Evaluator** | | | **Evaluating Supervisor** | | | |
| Signature: | |  | Signature: | |  | |
| Personnel #: | |  | Personnel #: | |  | |
| Date Approved: *(Must be on or before evaluation session):* | |  | Date Session Conducted: *(Must be on or before evaluation session):* | |  | |
| **Employee**  *By signing below, I acknowledge receipt of this performance evaluation form and understand that my failure to sign will not prohibit the evaluation from becoming official for the performance year.* | | | | | | |
| Signature: | |  | | Date: | |  |
| Not available  Refused to acknowledge/sign Evaluation | | | | | | | |
| **Indicate below the method and date when the notification to the employee was made when either not available or refused to sign:** | | | | | |
| Mailed on       Emailed on       Hand Delivered on | | | | | |

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**EVALUATION FORM**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Overall Evaluation** | | | | | | | | | | | | |
| **Exceptional**  **Exceeds Expectations**  **Successful**  **Needs Improvement**  **Unsuccessful**  (Select only one evaluation) | | | | | | | | | | | | |
| **Employees who receive an overall rating of “Unsuccessful” should be aware that their employment is at risk. It is imperative that at-risk employees communicate with their supervisors and take advantage of available resources to improve performance.  At-risk employees are advised to review the provisions of Chapter 10 of the Civil Service Rules and should note their right to request an agency review of their “Unsuccessful” performance evaluation rating in accordance with Civil Service Rule 10.10.** | | | | | | | | | | | | | |
| **Agency Human Resources Office Use Only** | | | | | | | | | | | | | |
| **Employee Name:** | |  | | | | | **Employee Personnel #:** | | |  | |
| **Unrated – select sub-category:** | | | | Never Rendered | | | | | | | | | |
| Untimely | | | | | | | | | |
| Violation of Chapter 10 | | | | | | | | | |
| Date Evaluation Received in HR: |  | | HR Staff Initial: | |  | Evaluating Supervisor Compliance (Y/N) | |  | Second Level Evaluator Compliance (Y/N) | |  | | |

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**EVALUATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name:** |  | | **Employee Personnel #:** |  |
| **Evaluation Documentation/Comments** | |  | | | |
| Click or tap here to enter text. | | | | | |