

State of
Minnesota

PERFORMANCE REVIEW

In compliance with Minnesota Statutes, Chapter 13.04, Subd. 2, we are informing you that the information collected through the use of this form will be used to document your performance on an annual basis. The information may be used in decisions concerning advancement, reassignment, future training needs, performance related salary adjustments, and as evidence in contested disciplinary actions. It is legally required. Without it, there is no objective data on which to evaluate performance; therefore, no performance-based salary increases will be granted. This information is available to you, your supervisor, human resources director, and other employees in your agency whose job assignment requires access.

EMPLOYEE'S NAME:		AGENCY/DIVISION :	
CLASSIFICATION TITLE:	WORKING TITLE (if different):	POSITION CONTROL NUMBER:	
APPRAISAL PERIOD: MMDDYY MMDDYY	DATE PERFORMANCE INDICATORS ESTABLISHED:	DATE REVIEWED WITH EMPLOYEE:	

A. EVALUATION OF RESPONSIBILITIES identified in the employee's position description. Rate each principal responsibility using the appropriate evaluation factors of quantity, quality and time. If a factor is not included in the employee's performance indicators or is inappropriate for measuring the employee's performance of a given responsibility, cross out that factor. Use the COMMENTS section to support and/or qualify your evaluation. Comment (justification) must be given when either "Below Standards" or "Greatly Exceeds Standards" is used.

RESP . or OBJ. NO.	PRIORITY	% OF TIME	EVALUATION FACTORS (Use only those that are appropriate)	LEVELS OF PERFORMANCE					Comments
				Below Standards	Minimally Meets Standards	Fully Meets Standards	Exceeds Standards	Greatly Exceeds Standards	
1			Quantity Quality Time	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
2			Quantity Quality Time	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
3			Quantity Quality Time	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
4			Quantity Quality Time	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
5			Quantity Quality Time	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
6			Quantity Quality Time	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
7			Quantity Quality Time	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
8			Quantity Quality Time	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
9			Quantity Quality Time	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
10			Quantity Quality Time	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

B. ADDITIONAL COMMENTS AND CONCERNS to be considered in the performance review. Add anything that is relevant to the employee's performance not included in Section A.

C. OVERALL PERFORMANCE LEVEL OF EMPLOYEE. Check appropriate statement below. Consider all data in Sections A and B.

<input type="checkbox"/>	Performance is outstanding. The employee's achievements and contributions consistently exceed expectations and requirements.
<input type="checkbox"/>	Performance is above expectations. The employee typically performs at a higher level than the job requires.
<input type="checkbox"/>	Performance is satisfactory. The employee meets job requirements and expectations
<input type="checkbox"/>	Performance is marginal. The employee meets some, but not all job requirements and expectations. Improvement is necessary
<input type="checkbox"/>	Performance is unsatisfactory. The employee does not meet job requirements and expectations. Substantial improvement is needed to justify retention in the position.

D. POSITION DESCRIPTION REVIEW is to be completed each year. Description should be revised if the position changes (need not be rewritten each year). The position description must be entirely rewritten every three years. A copy of the employee's revised or rewritten position description should be submitted to the agency's personnel office with a copy of the review form.

The current position description is:

- an accurate reflection of the current responsibilities and performance standards
- revised to reflect changes in the position.
- rewritten because it is three years old.

E. EMPLOYEE COMMENTS AND CONCERNS (Employee is encouraged but not required to comment on appraisal and performance).

SIGNATURE OF EMPLOYEE (I have read the above evaluation)	Date MMDDYY
SIGNATURE OF RATER (I have completed the above evaluation)	Date MMDDYY
SIGNATURE OF RATER'S SUPERVISOR (I have reviewed & concur with the above evaluation)	Date MMDDYY