

**PERFORMANCE REVIEW**

Type of Review:	Annual	Interim	Other	Work Planning Period Ending: _____

Employee's Name:	Last _____	First _____	MI _____	Employee ID # _____
	Dept. Name _____			Dept. # _____
Classification Title:	_____		Position Number:	_____
Date Appointed To This Position:	_____			
Supervisor Completing This Form:	_____			
Date Performance Review was Completed:	_____			

**Instructions**

During the Work Planning Period, the supervisor documents in Part I of this form the employee's Actual Performance for each Principal Function. The supervisor records specific results achieved and the "behaviors" (i.e., knowledge, skills, abilities and methods) demonstrated to produce the results. When documenting Actual Performance, describe the quality, quantity or other appropriate measures as described in the Performance Standards.

Throughout the Performance Review process, the supervisor and the employee refer to the Principal Functions and Performance Standards that comprise the employee's Work Plan. To evaluate the employee's performance, the supervisor compares the employee's Actual Performance with the Performance Standards [Performance Indicator(s)] in the Work Plan.

Based on the review of the employee's Actual Performance, the supervisor determines the appropriate Performance Rating for each Principal Function and records that rating under Part I, "Performance Rating," using the North Carolina Rating Scale. (The numbers under Part I, "Principal Function" coincide with the Principal Function numbers shown on the employee's Work Plan.)

The supervisor completes Parts I, II, and III and discusses the employee's performance with the next higher level supervisor. After reaching an agreement on the proposed evaluation, the supervisor conducts the Performance Review Interview with the employee. Proposed performance ratings may be revised based on the supervisor-employee Performance Review Interview.

As part of the Performance Review meeting and discussion, the employee adds comments, if any, in Part V and signs the form. The supervisor gives a copy of the signed and completed form to the employee, retains the original in the department file and informs the employee where the original is filed.

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**Part I – Evaluation of Performance for each Principal Function**

For the Work Planning Period Ending: \_\_\_\_\_

Employee's Name: \_\_\_\_\_  
Last
First
MI
PID#

Use this Part to record information about Actual Performance to be discussed with the employee during the Interim and Annual Performance Reviews. You may add additional rows (or remove rows) to the table below to match the number of principal functions on the employee's Work Plan. Cells will expand as needed.

Principal Function #	Actual Performance	Performance Rating

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**Part II - Supervisor's Summary Evaluation Statement**

**Part III - Overall Evaluation**

Check the Overall Evaluation on the Annual Performance Review. (Assigning an overall evaluation is optional for Interim and other reviews.)

Outstanding Performance	Very Good Performance	Good Performance	Below Good Performance	Unsatisfactory Performance

**Part IV - Employee Appeals**

An employee may appeal the Overall Evaluation, the rating on one or more principal functions, or explanatory remarks on the Annual Performance Review by completing a "Level A Appeal of Performance Management Decision," and forwarding it to his/her department head within 15 calendar days from the date he/she receives the completed Performance Review. A "Level A Appeal of Performance Management Decision," is available from the Office of Human Resources website or the Employee Services Department. As provided by the General Assembly and rules issued by the Office of State Personnel, an employee also may appeal the non-award of a Performance Increase or Bonus when eligible; or the amount of such award. Interim or other performance reviews are not appeal-able.

**Part V - Employee's Comments (optional)**

- I agree with this evaluation.
- I do not agree with this evaluation.

**Employee Comments** (optional):

**Part VI - Signatures**

(The employee is required to sign this form. The signature indicates only that the performance interview was held, not agreement with the statements or ratings contained in it.)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Next Higher Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date