CONTINUOUS PERFORMANCE MANAGEMENT (CPM) EVALUATION FORM



| | Employee Name: | | De ferrore Francisco Verro | | | |
|---|---------------------------|--|--|--|--|--|
| Employee Information | Employee Personnel #: | | Performance Evaluation Year: | | | |
| | Employee Job Title: | | | | | |
| | Dept/Office/Section/Unit: | | | | | |
| | | | | | | |
| Evaluation Session | | | | | | |
| 2 nd 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 refrom becoming official for the perfe | | ation form and understand that my failure t | to sign will not prohibit the evaluation | | | |
| 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: | | | | | | |

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| Overall Evaluation | | | | | | | | |
|---|-------------|-------------------|---|---------------------|-----------------------------|--|--|--|
| 0 | Exceptional | O Exceeds Expec | (Select only one evaluation) | Needs Improvement | O Unsuccessful | | | |
| 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: | | | Employ | /ee Personnel #: | | | | |
| ☐ Never Rendered ☐ Unrated – select sub-category: ☐ Untimely ☐ Violation of Chapter 10 | | | | | | | | |
| Date Evaluation Received in HR: | | HR Staff Initial: | Evaluating Supervisor Compliance (Y/N) | Second L Complia | evel Evaluator nce (Y/N) | | | |

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Employee Name: Employee Personnel #:

Evaluation Documentation/Comments

