

State of Maryland Performance Evaluation For Management Employees

This evaluation is intended to facilitate communication between supervisors and employees regarding expectations of job performance and to provide a mechanism for the evaluation of actual performance.

Employee Name:	_____	Beginning Date:	_____
Supervisor's Name:	_____	Fiscal Year:	_____
Employee Status:	_____	Special Appointment	_____
	_____	Executive Service	_____
		Management Service	_____
		Political Special Appointment	_____

Does the employee's Position Description (PD) accurately reflect the current, and anticipated, duties and responsibilities for the upcoming review period? (If no, modify the PD as required before beginning the review period.)

☐ Yes

☐ No - Date Modified: _____

Ratings:

- 3 = Outstanding:** Exceptional performance. Achievements are clearly superior to the level of performance required for the job.
- 2 = Satisfactory:** Met the required and expected results for the job. Good performance which is expected of a fully experienced or competent employee.
- 1 = Unsatisfactory:** Performance is unacceptable and shows no significant progress or improvement. Improvement is critical.

Performance of Job Duties (Position-Specific Performance Standards are taken from Part IV of the Position Description (MS-22))	Mid Cycle Rating	End Cycle Rating
Overall Work Quality		

If rated on Overall Work Quality, show individual Performance Standards below but do not rate them. See PEP Guidelines.

1			
2			
3			
4			
5			
6			
7			

Number of Position-Specific Performance Elements Rated:

_____	_____
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Behavioral Elements		Mid Cycle Rating	End Cycle Rating
Work Ethic			
1	Maintains good attendance. (The use of FMLA-qualifying leave should not be considered.)		
Team-Work			
2	Is an active, effective member of the Department's team.		
3	Works to implement the Department's goals.		
4	Proactively resolves internal complaints.		
5	Promotes cooperation with other areas of the Department and other agencies.		
Communication			
6	Effectively provides direction to subordinates.		
7	Speaks effectively.		
8	Writes effectively (clear, organized, appropriate grammar, punctuation).		
9	Effectively communicates the Department's mission/vision to subordinates.		
10	Interacts positively with co-workers.		
Customer Service			
11	Strives to meet customer requirements.		
12	Is courteous to customers and co-workers.		
13	Provides timely, accurate and appropriate information to internal and external customers.		
14	Keeps commitments and follows through on customer requests.		
Initiatives			
15	Generates ideas, options, and solutions for improvement.		
16	Solves problems without being asked.		
17	Works to continuously improve processes.		
18	Engages in opportunities for self-improvement.		
Work Performance			
19	Completes assignments accurately and on time.		
20	Maintains confidentiality.		
Supervision			
21	Provides timely performance feedback.		
22	Ensures that subordinate supervisors provide timely performance feedback.		
23	Follows procedures relating to discipline, sick leave monitoring.		
24	Contributes positively to employee morale.		
25	Manages resources effectively.		
26	Communicates and supports the Department's mission, vision and objectives.		
Planning			
27	Consistent with Department's goals, establishes long and short-term objectives.		
28	Prioritizes work to meet established objectives.		

Number of Behavioral Elements Rated:

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Total Number of Elements Rated:

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Mid Cycle Rating:		
Outstanding	Satisfactory	Unsatisfactory
3.00 - 2.75	2.74 - 1.75	1.74 - 1.00

Tasks to be Achieved Before the End of Cycle Rating (if no specific Tasks, state "None"):

Training Recommendations:

Supervisor's Comments:

Employee's Comments:

I understand that this is a: ____Special Appointment; ____Management Service; ____Executive Service; ____Political Special Appointment position in which I serve at the pleasure of the appointing authority.

Employee Signature: _____

Date: _____

No personnel action shall be taken or refused as a reprisal against an employee who refuses to sign this evaluation. The supervisor shall note the refusal on the employee's signature line.

Supervisor Signature: _____

Date: _____

By my signature I attest that I understand and adhere to the Governor's Code of Fair Employment Practices, 01.01.2007.16.

Division Manager: _____

Date: _____

End Cycle Rating:		
Outstanding	Satisfactory	Unsatisfactory
3.00 - 2.75	2.74 - 1.75	1.74 - 1.00

Tasks to be Achieved Before the End of Cycle Rating (if no specific Tasks, state "None"):

Training Recommendations:

Supervisor's Comments:

Employee's Comments:

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Date: _____

By my signature I attest that I understand and adhere to the Governor's Code of Fair Employment Practices, 01.01.2007.16.

Appointing Authority: _____

Date: _____