

State of Maryland Performance Evaluation For Supervisory 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	_____ Management Service
_____ Executive 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	Works to implement the Department's goals.		
3	Proactively resolves internal complaints.		
4	Promotes cooperation with other areas of the Department and other agencies.		
Communication			
5	Speaks effectively.		
6	Writes effectively (clear, organized, appropriate grammar, punctuation).		
7	Interacts positively with co-workers.		
Customer Service			
8	Strives to meet customer requirements.		
9	Is courteous to customers and co-workers.		
10	Provides timely, accurate and appropriate information to internal and external customers.		
11	Keeps commitments and follows through on customer requests.		
Initiatives			
12	Generates ideas, options, and solutions for improvement.		
13	Solves problems without being asked.		
14	Works to continuously improve processes.		
15	Engages in opportunities for self-improvement.		
Work Performance			
16	Appropriately prioritizes work.		
17	Completes assignments accurately and on time.		
18	Maintains confidentiality.		
19	Exercises appropriate judgment.		
Supervision			
20	Provides timely performance feedback		
21	Follows appropriate personnel procedures relating to discipline, sick leave monitoring, hiring and Equal Opportunity.		
22	Contributes positively to employee morale		
23	Manages resources effectively		

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:

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.

Appointing Authority: _____ Date: _____
 (Revised 5/5/25)