

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	_____ 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 (rate individual Position-Specific Performance Standards only if Overall Work Quality is Unsatisfactory)	Mid Cycle Rating	End Cycle Rating
Overall Work Quality		
1		
2		
3		
4		
5		
6		
7		

Number of Position-Specific Performance Elements Rated:

Behavioral Elements		Mid Cycle Rating	End Cycle Rating
Work Ethic			
1	Maintains good attendance (The use of FMLA-qualifying leave should not be considered)		
Teamwork			
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:

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 Standards	Satisfactory Standards	Unsatisfactory Improvement
3.00 - 2.75	2.74 - 1.75	1.74 - 1.00

Tasks to be Achieved Before the Next Mid-Cycle Rating:

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 5/11/20)