

State of Maryland Performance Evaluation For Non-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 (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)		
2	Follows call-in/leave policies		
3	Reports to work area on time and does not leave until designated time		
Teamwork			
4	Works cooperatively with others to implement the Department's goals		
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	Presents a professional image to customers in attire and maintenance of workspace		
12	Keeps commitments and follows through on customer requests		
Initiatives			
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		
20	Follows directions		

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: _____

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.

Date: _____

Supervisor Signature: _____

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

Date: _____

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)