

Special Observation Period PERFORMANCE APPRAISAL

Employee Name ↗ (as it appears on payroll)

Rater ↗

Title ↗

Title ↗

EIN ↗

Department ↗

Special Observation Period:

(dates as indicated in the Notice of Special Observation Period)

From: _____

To: _____

Actual Date Appraisal Issued/Presented to Employee: (mo/day/yr) _____

CONDUCT / PERFORMANCE ISSUE(S) BEING MONITORED <i>(as outlined in the Notice of Special Observation Period)</i>	RATING
	<input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable
	<input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable
	<input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable

	<input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable
	<input type="checkbox"/> Successful <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unacceptable

Narrative - Required (reflects an overview of performance ratings)

SPECIAL OBSERVATION PERFORMANCE APPRAISAL SIGNATURES

Rater's Signature & Date

I discussed the performance appraisal ratings with the employee and, if needed, explained job expectations, areas needing clarification, or performance issues requiring improvement.

 Rater's Signature [↗]

(Signs first, immediately after discussing appraisal with employee)

 Date [↗]

(mo/day/yr appraisal discussed with employee)

Rater Comments (Optional):

Employee's Signature & Date

I was given the opportunity to discuss the contents of this evaluation with my Rater. I understand that I may request a reconsideration of appraisal ratings and/or respond to the appraisal within five (5) calendar days from the date of issuance in the space provided below or by attaching one (1) supplemental typewritten or legibly handwritten page. I understand the completed appraisal will be forwarded to Human Resources for inclusion in my official personnel file.

 Employee Signature [↗]

(Signs second, immediately following appraisal discussion with Rater or has the option to sign and submit within 5 calendar days)

 Date [↗]

(mo/day/yr – within 5 calendar days of appraisal discussion with Rater)

Employee Comments (Optional):

*** It is advisable to wait for the employee response period (5 calendar days) to elapse before submitting the appraisal to the Reviewer for final approval.**

***The optional employee response is the only appraisal attachment permitted.**

Reviewer's Signature & Date (Final approval)

I have reviewed and concur with the Rater's appraisal ratings and narratives.

 Reviewer's Signature [↗]

(Signs last, after Employee/Rater meet and sign)

 Date [↗]

(mo/day/yr)

Original - Human Resources

Copies – Department File & Employee