

**Personnel Cabinet
Employee Acknowledgement Form
Employee Performance Evaluation System**

I hereby certify that I have reviewed the information for the employee performance evaluation system provided. I acknowledge the following:

- 1) Performance evaluations shall be completed on all full time classified merit employees who:
 - A) hold status as of January 1 of the performance year, and
 - B) have remained in continuous merit status throughout the performance year.
(January 1 through December 31)
- 2) My evaluator (supervisor) shall establish a performance plan which consists of job duties, expectations, and assigned points and will meet with me to discuss the performance plan no later than January 31 after the start of the performance period. If my position or job title changes, my evaluator must establish a new performance plan no later than thirty (30) calendar days after the effective date of the change.
- 3) A mid-year interim review and year-end interim review is required between the evaluator and myself during the performance year.
- 4) My evaluator shall complete my annual performance evaluation no later than January 31 after the end of the annual performance period.
- 5) Should I receive the highest possible **overall** rating of “Outstanding”, I shall receive the equivalent of two (2) workdays of annual leave, not to exceed sixteen (16) hours of annual leave.
- 6) Should I receive the second highest possible **overall** rating of “Highly Effective”, I shall receive the equivalent of one (1) workday of annual leave, not to exceed eight (8) hours of annual leave.
- 7) Should I receive an overall rating of “Unacceptable”, the agency shall:
 - A) Demote me to a position commensurate with my skills and abilities, or
 - B) Terminate my employment.
- 8) I may appeal unresolved disagreements on ratings or any aspect of the evaluation through the reconsideration process established in regulation.
- 9) I may appeal **overall** ratings of “Needs Improvement” and/or “Unacceptable” to the Personnel Board upon exhausting the internal reconsideration process. Appeals must be filed within 60 calendar days after receiving the written decision from my next line supervisor.

I have read and understand the above. I understand this form will be maintained in my performance evaluation file.

Employee's PERNR#: _____

Employee's Signature: _____ Date: _____

(Signature Must Be In Red Ink Unless Electronically Signed)

Employee's Printed Name: _____

Cabinet: _____ Department: _____

Evaluator's Signature: _____ Date: _____

(Supervisor's)

(Signature Must Be In Red Ink Unless Electronically Signed)

Evaluator Note: Upon completion of this form, please maintain a copy for your records and forward the original to your agency evaluation liaison.