

STATE OF ARKANSAS

PERFORMANCE EVALUATION PLAN RATING FORM

Agency/Institution	<u>Arkansas Tech University</u>	Date of Evaluation	<u> </u>
Employee's Name	<u> </u>	Tech ID Number	<u> </u>
Position Title	<u> </u>	Position Number	<u> </u>
Rater's Name	<u> </u>	Tech ID Number	<u> </u>
Rating Period From	<u> </u>	To	<u> </u>

Performance Categories

U-Unsatisfactory:	an overall performance of duties that is unacceptable in quality, accuracy, and timeliness
S-Satisfactory:	an overall evaluation which demonstrates competency in the performance of the duties and responsibilities of the job
AA-Above Average	an overall evaluation which demonstrates performance of the duties and responsibilities of the job at a level which is above the satisfactory level of performance
E-Exceeds Standards:	an overall evaluation which demonstrates performance of the duties and responsibilities of the job at a level exceeding that of an above average evaluation

In the appropriate columns below, list Numbers, Duty Area, and Performance Categories from the succeeding pages (use separate sheet if necessary).

[illegible]

(Attach to Front Page as needed)

Tech ID Number _____

Rater's Name _____

[illegible]

(Attach to Front Page as needed)

Tech ID Number _____

Rater's Name _____

[illegible]

(Attach to Front Page as needed)

Tech ID Number _____

Rater's Name _____

#	STANDARD STATEMENTS	Weight Value %	U 2	S 3	AA 4	E 5	Total % x Points =Total
1	<div>STANDARD</div> <div>RESULTS</div>						
2	<div>STANDARD</div> <div>RESULTS</div>						

PERFORMANCE EVALUATION RATING FORM
(Attach to Front Page as needed)

Employee's Name _____
Rating Period _____ to _____

Tech ID Number _____
Rater's Name _____

#	STANDARD STATEMENTS	Weight Value %	U 2	S 3	AA 4	E 5	Total % x Points =Total
3	<div>STANDARD</div> <div>RESULTS</div>						
4	<div>STANDARD</div> <div>RESULTS</div>						

PERFORMANCE EVALUATION RATING FORM
(Attach to Front Page as needed)

Employee's Name _____
Rating Period _____ to _____

Tech ID Number _____
Rater's Name _____

#	STANDARD STATEMENTS	Weight Value %	U 2	S 3	AA 4	E 5	Total % x Points =Total
5	<div>STANDARD</div> <div>RESULTS</div>						
6	<div>STANDARD</div> <div>RESULTS</div>						

(Attach to Front Page as needed)

Tech ID Number _____

Rater's Name _____

7	STANDARD						
	RESULTS						

Unsatisfactory = 3.00-3.66 Satisfactory = 3.67-3.99 Above Average = 4.00-4.33 Exceeds Standards = 4.34-5.00

TOTAL PERFORMANCE CATEGORY =

PERFORMANCE EVALUATION RATING FORM

Employee's Name _____

ID Number _____

This section is to be completed when Standards are established at beginning of the rating period.

These standards were established in consultation with the employee named above.

Supervisor's Signature _____ Date _____

I have reviewed these standards and understand my performance will be measured against them.

Employee's Signature _____ Date _____

I have reviewed these standards and agree that they are appropriate for the position.

Reviewing Official _____ Date _____

This section is to be completed at conclusion of the rating period.

My supervisor and I have reviewed my performance evaluation. My comments on the evaluation are as follows:
(Additional pages may be attached if necessary.)

Employee's Signature _____ Date _____

(NOTE: Signature does not necessarily mean agreement)

My employee and I have reviewed the employee's evaluation and all attachments.

Supervisor's Signature _____ Date _____

I have reviewed the employee's performance evaluation and all attachments.

Reviewing Official _____ Date _____