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| Agency Use Only | | | |  | | | | | | | | | | | | | | Central Records Use Only | | | | | |
| sealSTATE OF NEVADA**EMPLOYEE APPRAISAL & DEVELOPMENT REPORT** \*The contents of this report on performance **must** be discussed between the employee and his or her supervisor  as described in NRS 284.337 and NAC 284.470 | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Employee Name: Last** | | | | | |  | | | | **First** |  | | | | | | | | | | **Initial** | |  |
| **2. Class Title:** |  | | | | | | | | | | | | **3. Employee ID #:** | | | | | |  | | | | |
| **4. Dept/Div/Section:** | | |  | | | | | | | | | | **5. Date Evaluation Due:** | | | | | | |  | | | |
| **6. Agency #** (3 digits): | |  | | **Home Org #** (4 digits): | | | |  | **Position Control #:** | | |  | **7. Date Next Evaluation Due:** | | | | | | | | |  | |
| **8. Probationary/Trial Period** (check one):  6 month Probation/Trial:  2nd month  5th month  Other  12 month Probation/Trial:  3rd month  7th month  11th month  Other | | | | | | | | | | | | | **OR Permanent** (check one):  Annual  Other | | | | | | | | | | |
| **9. Work Performance Standards:**   are an accurate reflection of the position  will be revised to reflect changes | | | | | | | | | | | | | | | | | | | | | | | |
| **10. Overall Rating from Page 2, Number 14** (check one):  Does Not Meet Standards (DMS)\*  Meets Standards (MS)  Exceeds Standards (ES) | | | | | | | | | | | | | | | | | | | | | | | |
| \* If a rating of “Does Not Meet Standards” is given, another evaluation must be completed within 90 days. The rating may affect adjustments in salary based on merit (NAC 284.194). | | | | | | | | | | | | | | | | | | | | | | | |
| **Rater’s Printed Name:** | | | | |  | | | | | | | | |  | |  | | | | | |  | |
| **Rater’s Signature & Title:** | | | | |  | | | | | | | | | **Date:** | |  | | | | | | *(mm/dd/yy)* | |
| **11. Additional Supervisory Review (optional):**  Agree  Disagree *(Comment Required)* | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Printed Name:** | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature and Title:** | | | | |  | | | | | | | | | | **Date:** | |  | | | | | *(mm/dd/yy)* | |
| **12a. Date employee received evaluation document:** \_\_\_\_\_\_\_\_\_\_ **Employee’s Initials**: \_\_\_\_\_\_\_\_\_ (Does not indicate agreement or  disagreement)  **b. Employee Response:** NAC 284.470 requires that you complete the section below and sign the report on performance within 10 working days after discussion with your supervisor.  Agree  Disagree  Request Review\* (If you disagree with the report **and** request a review, you must specify the points of disagreement below or attached.) | | | | | | | | | | | | | | | | | | | | | | | |
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| **c. Employee Signature: Date evaluation returned to supervisor:** | | | | | | | | | | | | | | | | | | | | | | | |
| **13. Appointing Authority Review**:  Agree  Disagree *(Comment Required)* | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Appointing Authority’s Printed Name:** | | | | | | |  | | | | | | | |  | |  | | | | |  | |
| **Appointing Authority Signature & Title:** | | | | | | |  | | | | | | | | **Date:** | |  | | | | | *(mm/dd/yy)* | |

\* Note – Reviewing Officer uses form NPD-15R to respond to employee’s request for review as outlined in NAC 284.470

| **14. Job Elements** (Transfer from Employee Work Performance Standards form and provide a numerical rating of 1 = DMS; 2 = MS; or 3 = ES for each job element in column (A).  ***Please note that whole number ratings are used, not fractions, to rate individual job elements.*** | (A)  Rating | (B)  Weighted Value | (C)  Weighted Rating |
| --- | --- | --- | --- |
| **Job Element #1:** |  |  |  |
| **Job Element #2:** |  |  |  |
| **Job Element #3:** |  |  |  |
| **Job Element #4:** |  |  |  |
| **Job Element #5:** |  |  |  |
| **Job Element #6:** |  |  |  |
| **Job Element #7:** |  |  |  |
| **Job Element #8:** |  |  |  |
| **Job Element #9:** |  |  |  |
| **Job Element #10:** |  |  |  |
| **Overall Rating (Scale: 1 to 1.50 = DMS; 1.51 to 2.50 = MS; 2.51 to 3 = ES)**  (*A “does not meet standards” rating may affect adjustments based on merit (NAC 284.194). Another evaluation must be completed within 90 days (NRS 284.340).* |  |  |  |

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| **15. Rater’s Comments:** *(A “does not meet standards” rating for any job element must include a detailed explanation of the deficiencies.)* |
| **16. Development Plan & Suggestions:** *(The supervisor will address how the employee can enhance performance and achieve standards; indicates recommendation for further development and training. This section shall be discussed with the employee.)* |
| **17. Merit Award Program:** *(Provide information to employee relating to the Merit Award Program established in NRS 285.020.)* Please check method(s) used:  Employee Handbook  State Human Resource website:  Other (List details)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  <http://hr.nv.gov/> |

### Distribution: Original to Division of Human Resource Management; Copy to Agency; Copy to Employee NPD-15 Rev. [11/15]