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| Agency Use Only | Central Records Use Only |
| STATE OF NEVADA EMPLOYEE REPORT ON PERFORMANCE |
| **Employee Last Name:** |  | **First Name:** |  | **M.I.** |
| **Class Title:**  |  | **Employee ID #:**  |  |
| **Dept/Div/Section:**  |  | **Date Evaluation Due:**  |  |
| **Agency #** (3 digits)**:**  |   | **Home Org #** (4 digits)**:**  |   | **Position Control #:**  |   | **Date Next Evaluation Due:**  |  |
| **Check one:** [ ]  **Probationary/Trial Period** (indicate month)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  **Permanent** [ ]  **Other** |
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| **D****S****E** | [ ] [ ] [ ]  | **QUALITY OF WORK:** Consider the extent to which completed work is accurate, neat, well-organized, thorough, and effective. |
| **D****S****E** | [ ] [ ] [ ]  | **QUANTITY OF WORK:** Consider the extent to which the amount of work produced compares to quality standards for the job. |   |
| **D****S****E** | [ ] [ ] [ ]  | **WORK HABITS:** Consider the employee’s effectiveness in organizing and using work tools and time, in caring for equipment and materials, in following good practices of vehicle and personal safety, etc. |
| **D****S****E** | [ ] [ ] [ ]  | **RELATIONSHIPS WITH OTHER PERSONS:** Consider the extent to which the employee recognizes the needs and desires of other people, treats others with respect and courtesy, and inspires their respect and confidence, etc. |
| **D****S****E** | [ ] [ ] [ ]  | **TAKING ACTION INDEPENDENTLY:** Consider the extent to which the employee shows initiative in making work improvements, identifying and correcting errors, initiating work activities, etc. |
| **D****S****E** | [ ] [ ] [ ]  | **MEETING WORK COMMITMENTS:** Consider the extent to which the employee completes work assignments, meets deadlines, follows established policies and procedures, reliability, etc. |
| **D****S****E** | [ ] [ ] [ ]  | **ANALYZING SITUATIONS AND MATERIALS:** Consider the extent to which the employee applies consistently good judgment in analyzing work situations and materials, and in drawing sound conclusions. |
| **D****S****E** | [ ] [ ] [ ]  | **SUPERVISING THE WORK OF OTHER PERSONS (if supervising the work of other persons is part of the employee’s responsibilities):** Consider the employee’s effectiveness in planning and controlling work activities, motivating and developing subordinates, improving work methods and results, encouraging and supporting employee suggestions for work improvement, applying policies, etc. **N/A** [ ]  |

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| **Rater’s Comments:** *(A “Does Not Meet Standards” rating for any job element must include a detailed explanation of the deficiencies.)* |
| **Goals and Objectives:** |
| **Report Rating:** | **Points:** |  | **Rating Scale:** |
| **D** | Does Not Meet Standards\*: | **1** | Point | \_\_\_\_\_ **/ \_\_\_\_\_**= Total Score\_\_\_\_\_\_ | **D** | **(1.00 to 1.50)** |
| **S** | Meets Standards: | **2** | Points | Total Total | **S** | **(1.51 to 2.50)** |
| **E** | Exceeds Standards: | **3** | Points | Points Categories | **E** | **(2.51 to 3.00)** |
| **Overall Rating** (check one): [ ]  **D**\* [ ]  **S** [ ]  **E** \*A substandard rating may affect adjustments in salary based on merit (NAC 284.194). |
| NAC 284.470 requires that you sign the report on performance within 10 working days after discussion with your supervisor.  |
| **Date employee received evaluation document:**  | Employee’s Initials: | (Does not indicate agreement or disagreement) |
| **Employee’s** **Signature:** |  |  **Date:** |  | [ ]  Agree [ ]  Disagree [ ]  Request Review(see NAC 284.470 for requirements) |
| **I certify that I have discussed the report and provided information relating to the Merit Award Program established by NRS 285.020. Rater’s initials: \_\_\_\_\_\_\_\_\_\_** |
| **Rater’s Title & Signature:** |  | **Date:** |  |
| **Appointing Authority’s** **Title & Signature:** |  |  **Date:** |  | [ ]  Agree with report [ ]  Disagree with report(Attach any comments) |