

Agency Use Only

Central Records Use Only

**STATE OF NEVADA EMPLOYEE REPORT ON PERFORMANCE – Non Fillable**

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: <input type="checkbox"/> Probationary/Trial Period (indicate month) _____ <input type="checkbox"/> Permanent <input type="checkbox"/> Other				

D <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/>	<b>QUALITY OF WORK:</b> Consider the extent to which completed work is accurate, neat, well-organized, thorough, and effective.
D <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/>	<b>QUANTITY OF WORK:</b> Consider the extent to which the amount of work produced compares to quality standards for the job.
D <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/>	<b>WORK HABITS:</b> 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 <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/>	<b>RELATIONSHIPS WITH OTHER PERSONS:</b> 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 <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/>	<b>TAKING ACTION INDEPENDENTLY:</b> Consider the extent to which the employee shows initiative in making work improvements, identifying and correcting errors, initiating work activities, etc.
D <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/>	<b>MEETING WORK COMMITMENTS:</b> Consider the extent to which the employee completes work assignments, meets deadlines, follows established policies and procedures, reliability, etc.
D <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/>	<b>ANALYZING SITUATIONS AND MATERIALS:</b> Consider the extent to which the employee applies consistently good judgment in analyzing work situations and materials, and in drawing sound conclusions.
D <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/>	<b>SUPERVISING THE WORK OF OTHER PERSONS (if supervising the work of other persons is part of the employee’s responsibilities):</b> 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 <input type="checkbox"/>

**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 _____	<b>D (1.00 to 1.50)</b>
S Meets Standards:	2 Points Total Total	<b>S (1.51 to 2.50)</b>
E Exceeds Standards:	3 Points Points Categories	<b>E (2.51 to 3.00)</b>

**Overall Rating (check one):**  D\*  S  E \*A standard 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:	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> 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:	<input type="checkbox"/> Agree with report <input type="checkbox"/> Disagree with report (Attach any comments)

**Employee Report on Performance – Page 2**

Last Name:	First Name:	M.I.
Employee ID Number:		

**Employee Report on Performance – Page 3**

Last Name:	First Name:	M.I.
Employee ID Number:		