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:  
☐ Probationary/Trial Period (indicate month)  
☐ Permanent  
☐ Other  

D ☐ QUALITY OF WORK: Consider the extent to which completed work is accurate, neat, well-organized, thorough, and effective.  
S ☐  
E ☐  

D ☐ QUANTITY OF WORK: Consider the extent to which the amount of work produced compares to quality standards for the job.  
S ☐  
E ☐  

D ☐ 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.  
S ☐  
E ☐  

D ☐ 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.  
S ☐  
E ☐  

D ☐ TAKING ACTION INDEPENDENTLY: Consider the extent to which the employee shows initiative in making work improvements, identifying and correcting errors, initiating work activities, etc.  
S ☐  
E ☐  

D ☐ MEETING WORK COMMITMENTS: Consider the extent to which the employee completes work assignments, meets deadlines, follows established policies and procedures, reliability, etc.  
S ☐  
E ☐  

D ☐ 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.  
S ☐  
E ☐  

D ☐ 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.  
S ☐  
E ☐  

Rater’s Comments: (A “Does Not Meet Standards” rating for any job element must include a detailed explanation of the deficiencies.)  

Goals and Objectives:  

<table>
<thead>
<tr>
<th>Report Rating</th>
<th>Points</th>
<th>Rating Scale</th>
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<tbody>
<tr>
<td>D Does Not Meet Standards*</td>
<td>1 Point / ___ = Total Score</td>
<td>D (1.00 to 1.50)</td>
</tr>
<tr>
<td>S Meets Standards</td>
<td>2 Points Total</td>
<td>S (1.51 to 2.50)</td>
</tr>
<tr>
<td>E Exceeds Standards</td>
<td>3 Points Points Categories</td>
<td>E (2.51 to 3.00)</td>
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</tbody>
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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:  
☐ Agree ☐ Disagree ☐ Request Review (see NAC 284.470 for requirements)

Employee’s Signature:  
Date:  

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:  

Date:  

Apporting Authority’s Title & Signature:  
Date:  
☐ Agree with report ☐ Disagree with report (Attach any comments)

Distribution:  
Original to Division of Human Resource Management; Copy to Agency; Copy to Employee  
HR-15 Est. 9/2020
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Employee ID Number: 

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