

INSTRUCTIONS TO SUPERVISORS

Complete entire form at the start of the evaluation period.

SECTION 1 - EMPLOYEE IDENTIFICATION

Enter the following information:

Employee's Name _____ Agency/Facility _____

Person Number _____ Division/Section _____

Title _____ Salary Grade _____ Item Number _____

Evaluation Period From _____ To _____

Employee's Negotiating Unit: Administrative Services Institutional Services Operational Services DMNA

SECTION 2 - PERFORMANCE PROGRAM

List the important tasks of the job and briefly describe how you expect each to be performed. Your expectations should be expressed in terms of quality and/or quantity where possible.

1.

2.

3.

4.

5.

(Attach additional sheets if necessary)

I received a copy of this performance program on _____
(Date)

Employee: _____
(Initials)