

**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)