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| STATE OF NEVADA EMPLOYEE REPORT ON PERFORMANCE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employee Last Name:** | | | | | |  | | | | | | | | | **First Name:** | |  | | | | | | | | | **Initial:** |  |
| **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**  **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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) | | | | | | | | |

**Distribution: Original to Division of Human Resource Management; Copy to Agency; Copy to Employee** HR-15 Est. 8/2019