

**N. C. Department of Public Safety**  
**Division of Adult Correction**

(01/12)

*Performance Appraisal Transfer Form*

**INSTRUCTIONS:** This form must be completed by the unit when a DPS employee transfers from DPS to another state agency. Attach the employee's Final Evaluation, Interim Review, and/or Summary from the current performance cycle to this form and submit to DPS Personnel with the DC-154S package. This form and appraisal documentation will be forwarded to the receiving agency.

Employee's Name: \_\_\_\_\_  
*First M.I. Last*

Employee's Beacon ID#: \_\_\_\_\_ Employee's Position Title: \_\_\_\_\_

Dates Employed with DPS: *From:* \_\_\_\_\_ *To:* \_\_\_\_\_

Division: \_\_\_\_\_

Unit Name: \_\_\_\_\_ Unit Telephone #: \_\_\_\_\_

Name of Employee's Supervisor: \_\_\_\_\_

Last Day Worked with Department of Public Safety: \_\_\_\_\_

Name of Agency the Employee is Transferring to: \_\_\_\_\_

**DPS Appraisal Information**

The N. C. Department of Public Safety uses the North Carolina Rating Scale and requires that supervisors update the employee's appraisal documentation BEFORE the employee transfers to another state agency. (12<sup>th</sup> month = Final Evaluation, 6<sup>th</sup> month = Interim Review, 0-5 months or 7-11 months = Summary)

The Employee's Performance Cycle Dates: \_\_\_\_\_  
*Beginning Cycle Date Ending Cycle Date*

Date of Work Plan Discussion: \_\_\_\_\_

Action Taken by the Supervisor to Update Record before the Transfer (Check one):

- Final Evaluation       Interim Review       Summary

Date Conducted: \_\_\_\_\_

Rating Issued (Check one):  Outstanding    Very Good    Good    Below Good    Unsatisfactory

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Please attach this form and the employee's current performance cycle appraisal documents to the DC-154S package.**