



Use this form for initial planning sessions, coaching, or when responsibilities, standards, or expectations must change.

EMPLOYEE INFORMATION			
Employee Name:		Social Security Number: (last 4 digits – to be completed by the employee)	
Position Title:		Supervisor's Name and Title:	
Department:			
Agency:			
Division (and Section):			
Rating Period:	Type of Rating		Time in Present
to	<input type="checkbox"/> Initial	<input type="checkbox"/> Coaching	Position (in months)
	<input type="checkbox"/> Special		

RESPONSIBILITIES: Essential duties and responsibilities as identified in the functional job description.

PERFORMANCE STANDARDS and EXPECTATIONS: Objectives to be accomplished during this rating period.

ACKNOWLEDGEMENT: A discussion of duties, responsibilities, performance standards, and expectations for the current period took place on the date below. We acknowledge our understanding of these items and how they will be used to measure work-related performance during this period.			
_____ Supervisor's Signature	_____ Date	_____ Employee's Signature	_____ Date